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ABSTRACT

This compilation of resource materials is prepared for teachers and support staff who either have units on homosexuality in the sexuality curricula and need some additional information or who need to have resources at hand to answer questions from students or staff. The strong opinions around issues related to homosexuality mean that school staff must be as well informed as possible. The first section of the resource guide lists 39 resource organizations for networking about homosexuality issues in the Detroit (Michigan) area. The second section, "Current Best Complete Resource," refers readers to "Gay and Lesbian Issu s in Education--A Bibliography" by Tracy Phariss (1994), published by the Teachers' Group of Colorado. Additions and corrections to the Phariss bibliography are included, and a list of 13 catalogs is provided as an additional resource. The third section, "Issues for Public Schools Other than Curriculum" is a collection of eight documents related to the educational environment. Chief among these is a student "Bill of Rights" issued by the Michigan Education Association. "Classroom Suggestions," the fourth section, again recommends the Phariss bibliography and reprints the "Health Lessons on Sexual Orientation and Homosexuality" of the Birmingham (Michigan) public schools. An appendix reprints eight articles related to gay, lesbian, and bisexual students. (SLD)

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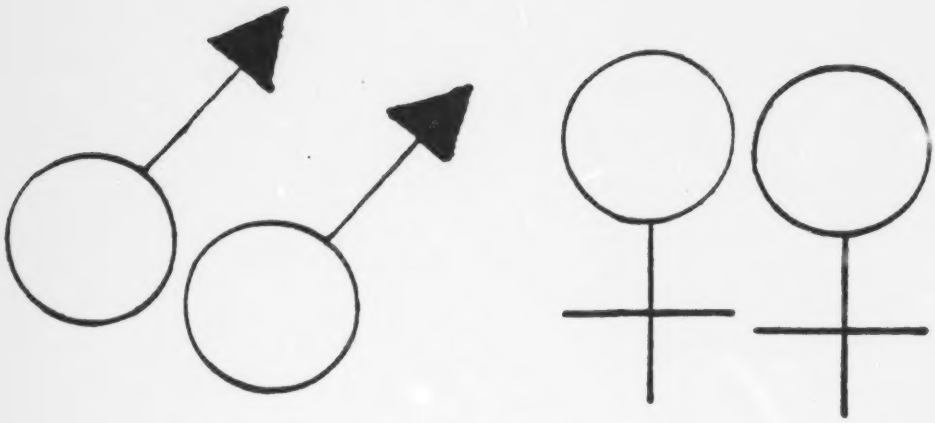

LESBIAN, BISEXUAL and GAY YOUTH

EDUCATION RESOURCES

1995-96 REVISION

Compiled by
Ann Heler
Wayne County Regional Educational Service Agency
Moses Field Center
1100 Sheridan
Detroit, Michigan 48214
(313) 579-1008

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Prices, names, telephone numbers are current as of February, 1996.

INTRODUCTION

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This resource is prepared for those teachers and support staff who either have homosexuality units in the sexuality curriculums and need some additional information beyond what was provided or need to have resources at hand in order to answer questions by students or other staff.

Students asking questions or willing to talk to a teacher whom they feel will "understand" or help need current and correct information. Often this is not a comfortable topic for staff. When a student begins to talk about this in relation to her or his own life or simply asks a question in class about gay and lesbian lifestyles, it is not uncommon for the teacher to sigh inwardly and ask, "why me?" Will it help to say that you should feel complimented because asking you indicates comfortableness and trust? The student obviously feels that you will "understand" or at the very least, take the question seriously.

Learning to seek out information in order to make an "informed" decision around life issues is one of the tasks public education attempts to instill in it's students. How to make decisions, how to seek out information around an issue, how to find people to talk to , how to evaluate wants, dreams, etc. against reality, family expectations, own limitations.....all of these "hows" are legitimately part of public education's responsibility to students.

This area of sexual orientation and life style is a fairly new curriculum topic in public education. The subject area definitely belongs because homosexuality is a reality. The strong opinions around the issue necessitates school staff to be as informed as possible.

> "Always remember that your students are not all heterosexual. Carefully prepare your lessons so that references to other sexual minorities are matter-of-fact. If a sex education course or a teacher's comments pushes these teens further into themselves, the course has done damage instead of good. Encourage tolerance and understanding."

NETWORKING

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NETWORKING **(SOUTHEASTERN MICHIGAN AREA)**

1. P-FLAG
   Parents and Friends of Lesbians and Gays
   POB 145
   Farmington, MI 48332
   (810) 540-7066

A national organization with local groups all across the country. Primary objectives are to help families and their gay and lesbian members to love and understand one another and, to offer mutual support wherever needed. Call **Karen Fenwick** at P-FLAG for more information.

2. Affirmations - Metro Detroit's Lesbian and Gay Community Center
   195 W. 9 Mile
   Suite 106
   Ferndale, MI 48220
   (810)398-GAYS - HOT LINE - 6 - 11 pm, M - F
   (810)398-7105 - Office and Information

This is a valuable resource for anyone with any questions regarding gay and lesbian youth or the gay community at large. They run support groups, a community center, a hot line, and are involved with similar organizations across the country. They can answer questions and direct callers to other resources. They sponsor a Social and Support Group for Gay and Lesbian Youth, that meets regularly. **Rosemary Jozwiak** is the contact person for youth issues.

3. **Gay/Lesbian Switchboards**

Detroit Area (Affirmations)	(810) 398-GAYS
Lansing Area Hot line	(517) 882-2300
Western Michigan (Network)	(616) 345-7878
Teen AIDS/STD Hotline	1-800-750-8336

4. **Online Support**
   soc.support.youth.gay-lesbian-bi

The group is a warm, caring environment for homesexual youth to support one another.

5. **Ronni Sanlo, Director**
Lesbian/Gay Programs Office
University of Michigan
3116 Michigan Union
530 S. State
Ann Arbor, Michigan 48109-1349
(313)763-4186

6. Lesbians, Gay Men and Bisexuals with Disabilities
Center for Independent Living
2568 Packard
Ann Arbor, MI 48109

7. **Eastern Michigan University**
Gay/Lesbian/Bisexual Student Union
431 Goodison Hall
Ypsilanti, MI 48197
(313) 562-7842/487-3118

8. **Lynne Remsburg**
Lesbian, Gay and Bisexual Student Services
Wayne State University
University and Counseling Placement Services
573 Student Center Building
Detroit, MI 48202
(313) 577-3398

9. **Dr. Sharon (Shea) Howell**, Faculty Advisor
Gay/Lesbian Alliance
Oakland University
49 Oakland Center
Rochester, MI 48309
(810) 370-2345

Dr. Howell does presentations, workshops and inservices for staff, parents and students on multi-cultural and multi-value issues: racism, classism, elitism and sensitivity to diversity. She is known nationally for her ability to help communities problem solve common issues.

10. **Brent Bilodeau**, Assistant Director
Lesbian, Bisexual and Gay Concerns
Michigan State University
101 Student Services
E. Lansing, MI 48823
(517) 355-8286

11. **Ellen Bommarito**
Lesbian, Gay and Bisexual Center
University of Michigan - Flint
365 UCEN
Flint, MI 48502
(810) 766-6606

12. **Western Michigan University** Support Group
c/o WMU Alliance for Lesbian and Gay Support
Faunce Student Services
POB 226
Kalamazoo, MI 49008

13. **National Education Association** (NEA)
201 16th Street NW
Washington, DC 20036
(202) 822-7700

NEA's Human and Civil Rights division has developed a nationwide training program to help schools address the needs of gay, lesbian and bisexual students.

National Education Association
Gay and Lesbian Caucus (NEA/GLC)
Harry Hillegas
NEA/GLC Treasurer ($15)
218 Crain Ave.
Kent, Ohio 44240

An NEA caucus established to protect the rights and interests of gay. lesbian and bisexual members of the Association and their supporters; to promote recognition of the special needs and rights of gay. lesbian and bisexual students of society; to advance understanding and acceptance of gay, lesbian and bisexual people in all areas of society.

MEA - NEA affiliate;
Jody Harris
2605 Cherry St.
Port Huron, MI 48060

The Caucus has an information packet for teachers and counselors.

14. National Gay and Lesbian Caucus
American Federation of Teachers
POB 190983
Miami Beach, FLA 33119-0983
Merry Overholser (305) 538-0979
Steve Severance (612) 645-2173
FAX (305) 856-2285

MFT affiliate;
Ann Heler
WC RESA - Moses Field Center
1100 Sheridan
Detroit, MI 48214
(313) 579-1008

Ann edits the Lesbian, Bisexual and Gay Youth Education Resources compilation yearly. This resource is available free to any staff working with students within Wayne County.

15. GLSTN
(Gay, Lesbian, Straight Teachers Network)
Southeast Michigan chapter
Frank Colasonti, Jr.
Groves High School
20500 W. 13 Mile Road
Beverly Hills, MI 48025
(810) 646-8784

This is a chapter of a national organization that is working to end homophobia in schools - public, parochial and private.

16. **GLEAM**
(Gay/Lesbian Education Association of Michigan)
POB 271
Royal Oak, MI 48068
(810) 755-7445

This is a social association of gay and lesbian educators in Southeast Michigan.

17. **Lesbian Teachers Network**
POB 301
E. Lansing, MI 48826
newsletter subscriptions $10.00/year
POB 638
Solon, Iowa 52333

18. **Council for Exceptional Children**
Gay-Lesbian-Bisexual Caucus
Ilene Raymond
(315) 267-2537 (w)
(315) 379-0513 (h)

The Caucus undertakes projects that academically, socially, and emotionally support exceptional GLB students, GLB special educators and parents, teachers, and peers of exceptional GLB students.

19. TASH **(The Association for People with Severe Handicaps)**
Lesbian, Gay, Bisexual, Transgender Interest and Action Group

Ann Heler
Moses Field Center
1100 Sheridan
Detroit, MI 48214
(313) 579-1008

The Interest Group encourages presentations at the annual conference as well as providing a resource for people with disabilities who have a vested interest in sexual minority issues.

20. M.A.P.P.
Midwest AIDS Prevention Project
660 Livernois
Ferndale, MI 48220
(810) 545-1435

M.A.P.P. works with a theater group doing presentations, plays and workshops to middle school and senior high groups around issues of sexual responsibility for all students. Call **Craig Covey** for more information.

21. **The Haven**
Oakland County's Program for Victims of
Domestic Violence and Sexual Abuse
POB 787
Pontiac, MI 48056
Office - (810) 334-1284
24 HOUR CRISIS HOT LINE -313- 1274

The Haven has a safe house for victims of domestic violence and sexual abuse. The crisis line volunteers are sensitive to sexual orientation.

22. **The Sanctuary for Runaway and Homeless Youth**
1222 South Washington
Royal Oak, MI 48067
(810) 547-2260 - 24 hours

23. **Ozone House**
608 N. Main Street
Ann Arbor, MI 48104
(313)662-2222

Ozone House has a 24 hour "hot line" and information line and a peer support group. Their counselors are sensitive to sexual orientation issues. All services are confidential and free of charge.

24. **Wellness HIV/AIDS Service**
311 East Court St.
Flint, MI 48502
(810) 232-0888

Lesbian, gay, bisexual youth services as well as comprehensive services and case management.

25. Windfire (Support Group for Lesbians, Gay, Bisexual Youth)
6475 28th St. SE
#210
Grand Rapids, MI 49546
(616) 949-4078

Windfire has a weekly support group.

26. Gay and Lesbian Positive Support, Resource and Peer Group
POB 759
Douglas, MI 49406
(616) 857-1864

27. Windfire - Kalamazoo (Support Group for Youth)
First Presbyterian Church
321 W. South St.
Kalamazoo, MI 49008
(616) 387-2134

28. Windfire - Traverse City
POB 562
Traverse City, MI 49685
(616) 922-4800

29. One in Ten - Youth Services
POB 2233
Windsor, Ontario N8Y4R8
(519) 973-0222
FAX (519(973-7389

30. PRISM
Gateway Community Services
Lansing, MI
1-800-292-4517 or (517) 351-4000

31. DMC Adolescent HIV Clinic
4160 John R #530
Detroit, MI 48226
(313) 993-8747

The Clinic runs a support group for HIV+ youth.

32. Young Detroit Health Center
Herman Keifer Complex
1151 Taylor
Detroit, MI 48202
(313) 876-4130

General medical care and HIV+ testing for young persons 13 -24. Low cost or free to all young people, regardless of residency.

33. Adolescent HIV Clinic
Children's Hospital
4201 St. Antoine
University Health Center 7B
Detroit, MI 48201
(313) 745-9035

34 - 36. **Bookstores**

Chosen Books Bookstore
120 W. 4th Street
Royal Oak, Michigan 48067
(810)543-5758

A Woman's Prerogative
175 W. Nine Mile
Ferndale, MI 48220
(810) 545-5703

Common Language
215 S. 4th St.
Ann Arbor, MI 48104
(313) 663-0036

All have a variety of books and materials covering all aspects of the gay community.

37. Gay Parents/ Children of Gays and Lesbians
2300 Market St. #165
San Francisco, CA 94114
(415) 861-5437
FAX (415) 255-8345
Stefan Lynch, Executive Director

By and for daughters and sons of gay parents.

38. Hetrick-Martin Institute
401 West St.
New York, New York 10014
(212) 633-8920

They provide a full spectrum of services to gay, lesbian, bisexual and transgendered youth including the Harvey Milk School for sexual minority youth.

39. **Virginia Uribe**, PhD.
Fairfax High School
7850 Melrose Avenue
Los Angeles, CA 90046
(213) 651-5200 x244
(818) 577-4553

She coordinates the Project 10 project as Fairfax High School in Los Angeles. Contact her for the **Project 10 Handbook** ($15.00). The Handbook is one of the most complete resources for schools. She is available for presentations and consultations. She is especially "valuable" because all of her work is done in public schools. **She is THE pioneer in addressing sexual minority youth concerns in public education.**

NATIONAL INFORMATION AND HOT LINES

- National Center for Lesbian Rights Youth Project
1-800-528-NCLR
- Lavender Youth Recreation & Information Center (LYRIC), San Francisco
415-703-6150 Peer-staffed Talkline: 1-800-246-7743
- Los Angeles Gay & Lesbian Community Services Center
Youth Services Talkline: 213-993-7475 or 818-508-1802
- Gay & Lesbian Community Center, Denver, Colorado
303-831-6268 Youth Crisis Line: 303-461-1650
- Delta Youth Alliance, Orlando, Florida
407-THE-GAYS Hotline: 407-628-1227
- Young Adult Support Group, Atlanta, Georgia
404-876-5372
- Horizons Youth Service, Chicago
312-472-6469 Horizons Helpline 312-929-HELP
- Gay/Lesbian National Youth Hotline
800-347-TEEN
- Boston Alliance of Lesbian and Gay Youth (BAGLY
24-hour Hotline: 800-42-BAGLY
- The Hetrick-Martin Institute, New York City
212-674-2400
- Houston Institute for the Protection of Youth
713-942-9884
- Lambert House Gay, Lesbian, & Bisexual Youth Center
Seattle, Washington
206-322-2735

CURRENT BEST
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A
BIBLIOGRAPHY

GAY AND LESBIAN ISSUES IN EDUCATION

July 28, 1994
Mr. Tracy Phariss

The Teachers' Group of Colorado, P.O. Box 280346, Lakewood, CO 80228-0346

$10.00

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Additions
to the Phariss Bibliography

BOOKS

1. Lesbian and Gay Issues: A Resource Manual for Social Workers
   Hildago Peterson, Woodman, eds. 1985
   National Associaton of Social Workers
   7981 Eastern Ave. $16.95 + $1.70 p/h
   Silver Spring, MD 20910

2. Out of the Classroom Closet - Gay and Lesbian Students, Teachers and Curricula 1992
   Karen Harbeck, ed.
   Harrington Park Press $19.95
   New York

3. You Are Not Alone: National Lesbian, Gay and Bisexual Youth Organization Directory

   Hetrick-Martin Institute $.500
   401 West Street
   New York, New York 10014

   Resources to help youth-serving professionals find the resources they need to work with young people.

4. Hate Crime: A Sourcebook for Schools 1992
   National Professional Resources, Inc.
   Dept. B2
   25 South Regent Street $24.95
   Port Chester,NY 10573
   914-937-8879

5. Governor's Commission on Gay and Lesbian Youth
   State House, Room 111
   Boston, MA 02133
   (617) 828-3039

   Request their packet of information on the guidelines for education for gay and lesbian youth.

6. Helping Gay and Lesbian Youth: New Policies, New Programs, New Practice
   Edited by DeCrescenzo 1994

   Haworth Press Inc. $10.36
   10 alice St.
   Binghamton, NY 13904-1580
   1-800-342-9678

7. OUT on the Job, OUT of a Job: A Lawyer's Overview of the Employment Rights of Lesbians and Gay Men
Evan Wolfson $7.50

Lambda Legal Defence Fund
(212) 995-8585

8. Hearing Us Out: Voices From the Gay and Lesbian Community
Roger Sutton

Little, Brown $16.95

Anecdotal interviews. Appropriate for friends and families.

9. Rumors and Whispers
Marilyn Levi 1990
Ballantine/Faucett $3.95
Deals with a teen girl learning her best friend and art teacher are gay and one has AIDS. Covers the basics in a satisfactory manner.

10. Big Man and the Burn Out
Clayton Bess 1985
Houghton Mifflin
Multicultural cast of characters. Includes two gay adults whose identity is never a source of controversy. Treats adolescents' questioning of their sexuality as normal, avoiding "it's only a phase" reasoning.

11. S. P. Likes A. D.
Catherine Brett 1989
Women's Press
Multicultural cast of characters. The central character, S.P., sees her lesbianism as an "issue" but she has friends who accept it comfortably.

12. Six of One
Rita Mae Brown 1979
Bantam
A very diverse, though primarily Anglo, cast of charactoers wiht a range of sexual identities. Humlrous and good natured. Every reader shouldfind characters to identify with and learn form. An adult novel, but appropriate for teens.

13. Lark in the Morning
Nancy Garden 1991
Farrar, Strauss and Giroux
The young lesbian characters are secure in their identity and have stable, loving relationships, although they have not yet come out to their families. Also deals well with issues of child abuse.

14. Unlived Affections
George Shannon 1989
Harper and Row
After the death of his grandmother who raised him, a young man discovers while reading family correspondence that his father was gay.

ARTICLES

1. The High School Journal Oct. - Nov., 1993/Dec. - Jan., 1994 issue
   Vol. 77, #1 and 2 $8.50
   The Gay Teenager

2. Canadian Journal of Human Sexuality Vo. 2, #1 ISBN 1-896230 -02-4
   Hingsburger, D. 1993

   Staff Attitudes, Homosexuality and Developmental Disabilities:
   A Minority Within A Minority

VIDEO

1. Honored by the Moon 14 min. $92.00
   Minnesota American Indian AIDS Task Force
   1433 East Franklin Avenue
   Suite 7 E
   Minneapolis, MN 55404
   (612) 870-1723

POSTER RESOURCES

1. Argus Communication
   POB 6000
   Allen, Texas 75002-1304
   1-800-527-4748

   A wide variety of posters around conflict resolution, diversity, individual respect, self respect. etc.

2. Hetrick-Martin Institute
   401 West St.
   New York, NU 10014
   (212) 633-8920

3. Wingspan Ministry

   St. Paul Reformation Lutheran Church
   100 N. Oxford St.
   (612) 224-3371

CORRECTIONS TO PHARISS

1. p. 31 - Project 10 Handbook is in it's 5th edition (1993) and costs $20.00 plus $2.50 p/h.

2. Secretary's Task Force on Youth Suicide is available from
   Friends of Project 10, Inc.
   7850 Melrose Ave.
   Los Angeles, CA 90046 $10.00 plus $2.50 p/h

SEXUALITY/HEALTH CATALOG LISTING

These companies currently have the best material available. Many are beginning to include materials that discuss gay males, lesbians and bisexuals. Send a postcard to each, requesting their current catalog and to be place on their catalog mailing list.

ETR /Network Associates
P.O. Box 1820
Santa Cruz, California 95061-1830
1--800-321-4407
Curriculum, teaching materials

JAMES STANFIELD PUBLISHING COMPANY
P.O Box 41058-B
Santa Monica, California 93140
1-800-421-6534
Very comprehensive programs

HEALTH EDCO
P.O. Box 21207
Waco, Texas 76702-1207
1-800-299-3366 x295
Models, charts, displays, videos, all health areas

SUNBURST COMMUNICATIONS (films, videos)
Dept. MJ09
39 Washington Avenue
Box 40
Pleasantville, NY 10570-2838
Great videos!

FOCUS INTERNATIONAL (Film and Videos)
14 Oregon Drive
Huntington Station, New York 11746
Specific videos for handicapped populations

ALTSCHUL (Perennial Education)
930 Pitner Avenue
Evanston, Ill. 60202
1-800-323-5448
Has captioned programs for hearing impaired and has Spanish language programs and teaching materials

NATIONAL COMMITTEE for PREVENTION of CHILD ABUSE
332 South Michigan Avenue
Suite 1600
Chicago, Illinois 60604-4357
(312) 663-3520
Teaching materials for physical, sexual, emotional and verbal abuse issues.

KIDSRIGHTS
3700 Progress Blvd
Mount Dora, FL 32757
1-800-892-KIDS

RESEARCH PRESS
Dept. 138
2612 N. Mattis Ave.
Champaign, Illinois 61821-9988
(217) 352-3273

BROOKES PUBLISHING CO.
POB 10624
Baltimore, MD. 21285
1-800-638-3775
Staff resources

B.L. Winch and Associates/Jalmar Press
45 Hitching Post Drive
Bldg. 2
Rolling Hills Estates, CA. 90274-5169
1-800-662-9662
Specializing in self-esteem, self-respect, self-identity materials

THE RESOURCE CENTER
Planned Parenthood - Southeastern Pennsylvania
1220 Sansom Street
Philadelphia, Pennsylvania 19107
(215) 592-4108
School and family pamphlets

Monaco and Associates
1625 Blackthorn Dr.
glenview, Ill. 60025
Sexuality issues training materials for adults.

ISSUES FOR PUBLIC SCHOOLS OTHER THAN CURRICULUM

BEST COPY AVAILABLE

mea Michigan Education Association

A Student's Bill of Rights

1. The right to attend schools free of verbal and physical abuse, where education is the priority.

2. The right to attend schools where respect and dignity for all is a standard set by the boards of education and enforced by every school principal.

3. The right to have access to accurate information about themselves delivered by trained adults who not only inform them, but also support them.

4. The right to positive role models, both in person and in the curriculum.

5. The right to be included in all support programs that exist to help youth deal with the difficulties of emotional growth and physical development.

6. The right to a heritage free of crippling self-hate and unchallenged discrimination.

These rights apply to all, regardless of race, national origin, religion, sex, sexual orientation, handicap and economic status.

(MEA Resolution F.3 Civil Rights)

Acknowledgment: Project 10, Los Angeles Public Schools

A BILL OF RIGHTS
FOR LESBIAN AND GAY SCHOOL CHILDREN

1. The right to attend schools free of verbal and physical harassment, where education, not survival , is the priority.

2. The right to attend schools where respect and dignity for all is a standard set by the boards of education and enforced by every school principal.

3. The right to have access to accurate information about themseleves, free of negative judgement, and delivered by trained adults who not only inform them, but affirm them.

4. The right to positive role models, both in person and the curriculum.

5. The right to be included in all support programs that exist to help teenagers deal with the difficulties of adolescence.

6. The right to legislators who guarantee and fight for their constiutional freedoms, rather than ones who reinforce hate and prejudice.

7. The right to a heritage free of crippling self-hate and unchallenged discrimination

Source: Project 10, Los Angeles Public Schools

RECOMMENDATIONS FOR PUBLIC SCHOOLS

1. Stop harassment based on sexual orientation.
2. Change heterosexist language.
3. Provide comprehensive sexuality education.
4. Conduct inservice sensitivity training for administrators and *all* school personnel.
5. Provide sensitivity training for students.
6. Introduce gay/lesbian issues into all curriculum areas.
7. Develop opportunities for education and dialogue with parents and other youth-concerned adults in the community.
8. Provide supportive settings for sexual minority youth.
9. Develop a broad based, representative committee, task force, or advisory group.

STRATEGIES FOR TEACHERS

1. Address negative school based incidents on the spot-- targeted harassment, put-downs (whether or not targeted to individual), anti-gay jokes and graffiti.

2. Change language that assumes that everyone is or should be heterosexual ("partner" rather than girl/boyfriend; "boyfriend or girlfriend" rather than only one option; "permanent relationship or marriage" rather than only marriage. Make language *inclusive* rather than exclusive.)

3. Change human relations and personnel policies to protect students and staff from discrimination on the basis of sexual orientation. Train personnel to follow up violations.

4. Identify gay/lesbian contributions throughout curriculum (history, literature, art, science, sports, and religion.)

5. Provide inclusive history of oppression (such as the holocaust, origin of the word "faggot", exclusion from military service.)

6. Submit requests to improve library holdings (both fiction and nonfiction) related to sexual diversity.

7. Develop and publicize resources (support groups) for lesbian/gay students and their families.

8. Include issues for lesbian/gay, bisexual students and staff in school newspaper.

9. Bring in openly lesbian/gay/bisexual speakers as resources in class and assemblies.

10. Include gay/lesbian/bisexual concerns in all prevention programs (suicide, drop-out, pregnancy, STD's, alcohol and other drug abuse prevention.)

© Tom Eversole, INSITE 1992
1619 Sulgrave Avenue, Baltimore, MD 21209

Suggestions For Reducing Homophobia In The Schools

Compiled by Warren J. Blumenfeld & Michael R. Veilleux

1. Invite guest speakers to lead discussions and trained facilitators to lead workshops for students, faculty, and staff on a regular basis.

2. Include the area of sexual orientation/preference along with race, class background, gender, ability, age, national origin, religion, etc. into admissions and hiring nondiscrimination policies.

3. Establish effective mechanisms for dealing with forms of harassment and include penalties for infringement of these policies, including homophobic harassment, in the student handbook.

4. Incorporate relevant and accurate information about homosexuality and bisexuality into standard curriculum in each subject area.

5. Provide a mandatory course on multiculturalism, including issues related to sexual orientation.

6. Insure frank, open, and honest discussions of sexuality in courses related to human sexuality.

7. Substantially increase gay/lesbian/bisexual-positive materials in the school libraries and multimedia centers. Provide a wide selection of community resources in the guidance resource centers.

8. Hire openly gay/lesbian/bisexual faculty and staff, including guidance counselors.

9. Encourage the creation of support groups in the school for gay/lesbian/bisexual students and heterosexual allies.

10. Establish school-based health clinics which offer contraception, including condoms, to help prevent unwanted pregnancy and transmission of sexually-transmitted diseases, including AIDS.

What You Can Do:
10 Steps Towards Ending Homophobia In Your School

(Kevin Jennings, History Teacher, Concord Acadamy)

This brief guide is intended to give you concrete ideas as to how to begin addressing the institutionalized nature of homophobia and heterosexism in schools. It is neither exhaustive nor applicable to all school communities: rather, it is a starting point to begin a process of self-examination which all schools need to undertake as they seek to become truly inclusive communities.

1. GUARANTEE EQUALITY.

Gay/lesbian/bisexual people in the school community, both employees and students, need to know that they will be free from discrimination before any level of comfort can be achieved. Even in Massachusetts, where employment discrimination on the basis of sexual orientation is forbidden by law, many individuals wonder what the "real" reaction in their schools will be if they are open about their sexual orientation. In order to send an unequivocal message about its commitment to equality, each school should add "sexual orientation" to its non-discrimination clause in all school publications.

2. CREATE A SAFE ENVIRONMENT.

One can neither work nor learn effectively in an environment where one is subject to verbal or physical harassment. Each school must make it clear that harassing language or actions towards an individual based on his/her sexual orientation is unacceptable, with clear guidelines for how such incidents will be dealt with and what consequences will result from such actions. In our current climate, where words like "faggot" are commonly used, such policies must explicitly address sexual orientation in their statement of mission so that expectations are clear to all.

3. PROVIDE ROLE MODELS FOR THE COMMUNITY.

There is no substitute for knowing an openly lesbian/gay/bisexual person when seeking to combat homophobia: studies have shown a direct relationship between tolerance towards gays as a group and personal relationships with individual gay/lesbian/bisexual people. The best role models are those whom the community already knows, and schools should make it clear that they will support any member of the community who wishes to "come out" and share his/her sexual identity with the community -- not just those members who want to share their heterosexual identity via wedding rings, pictures of family, and the like. If there are not individuals within a school community who are willing to take such a step, it is imperative that the school contact such groups as the Gay/Lesbian Speakers Bureau or local college lesbian/gay student groups in order to bring individuals to the campus.

4. PROVIDE SUPPORT.

Lesbian/gay/bisexual students need support from each other. The best comes from their peers within the community;

5. PROVIDE ACCESS TO APPROPRIATE HEALTH CARE.

While being gay is not a "Health Issue" and should never be seen as the province of health professionals (after all, gynecologists didn't start the feminist movement, for example), there are health issues unique to lesbian/gay/bisexual people. Access to appropriate sexual education and services, information about AIDS, and gay-sensitive counselors must be available to all students.

6. PROVIDE TRAINING FOR FACULTY AND STAFF.

All adults in the community must be equipped with the skills necessary to deal with gay/lesbian people as part of their job, regardless of their personal views on the subject. Schools need to bring in experts familiar with secondary schools to address these issues, preferably on an ongoing basis, so that competence is assured and does not depend on the vagaries of individual outlook.

7. REASSESS THE CURRICULUM.

Across the curriculum, lesbian/gay studies must be introduced. In many subjects, it will simply mean teaching what we already teach in new ways: with such prominent homosexuals as the philosopher Plato, the military hero Alexander the Great, the composer Tchaikovsky, the poet Walt Whitman, and novelists such as James Baldwin and Gertrude Stein presumably already in our curriculum, we simply need to ask new questions. Teachers must also avail themselves of the ground-breaking research being done at lesbian/gay studies programs such as that at Yale for new materials.

8. DIVERSIFY LIBRARY AND MEDIA HOLDINGS.

Almost every lesbian or gay person has a story to tell about looking under "Homosexuality" in the card catalogue with fear and trembling for information long before she/he could actually talk to someone about her/his sexual orientation. It is vital that a diverse range of resources be available for not only those seeking information about themselves but also students who wish to pursue academic studies such as term papers.

9. BROADEN ENTERTAINMENT PROGRAMS.

Nearly every school has assemblies, Friday Night Films, and other functions in which we convey important extracurricular messages to our students. Films, speakers, and performance groups such as the Boston Gay Mens' Chorus or the Triangle Theater Company should be added as regular features of any such series so students see the diversity of the gay/lesbian community.

10. DO NOT ASSUME HETEREOSEXUALITY.

In many ways schools assume the hetereosexuality of individuals, making lesbian/gay/bisexual people feel marginalized and also placing pressure on them to explain their difference. This is done when couples receive discounts to the prom, when spouses are invited to faculty parties, and when women are asked to identify themselves as Mrs. or Miss., and all are easily remedied: have one price for all, invite friends not spouses, and use Ms. instead. Check yourself for the unconscious bias of hetereosexism in daily language and assumptions, and urge your school to look at hetereosexist bias in such benefit programs as health insurance for married couples only.

APPENDIX #2

TEACHER'S SELF-EVALUATION OF NON-BIASED BEHAVIOR

DIRECTIONS

1. Rate yourself for each item.

2. Review your ratings, then evaluate your overall performance by marking the continuum.

3. After checking for areas of weakness as indicated by your ratings, state specific goals for becoming more fair; set a specific time limit for yourself for improvement of these goals.

SUGGESTIONS FOR USE

- These checklists focus on how a staff member's actions and expectations can create a "hidden curriculum" of bias in the school.

- Be aware of how "bias" can be expressed by deleting or omitting any reference or discussion of homosexuality.

- This list is not meant to rate people but to help identify what may be unconscious biased behaviors in dealing with staff and students.

- It is important that these checklists be used as an exercise to create personal growth and awareness and not used in a judgmental way.

- The process of reading and discussing the checklists is considerably more important than any finding they produce.

TEACHER'S BEHAVIOR	CHECK BELOW: Always	Sometimes	Never
1. ATTITUDE. I take the idea of equity for homosexuals seriously; for example, I do not put down gays or lesbians, or joke about their abilities, roles, backgrounds or traits.	_____	_____	_____
2. LANGUAGE: I use non-biased language; in other words, I do not refer to homosexuals as "faggots" "dykes" "queers" "homos" etc.	_____	_____	_____
3. GENERALIZATIONS: I would avoid generalizations that refer to stereotyping; for example, "gay men are not masculine" or "lesbians don't like men."	_____	_____	_____

	Always	Sometimes	Never
4. TYPES OF EXAMPLES: I use examples in my job showing gay men and lesbians of diverse backgrounds with a wide range of diversity and interest.	_____	_____	_____
5. FACTS: I display and use accurate factual knowledge about homosexuals or gay and lesbian issues.	_____	_____	_____
6. SUPPLEMENTARY MATERIALS: I supplement the inadequate treatment of gays and lesbians by adding information or by discussing the inaccurate portrayal of people's roles.	_____	_____	_____
7. EQUITABLE ATTENTION. I give equitable attention to gays and lesbians; I do not skirt the issue if it is brought up.	_____	_____	_____
8. DISCIPLINE: I address all pejorative name calling towards gays and lesbians immediately and forcefully in my class.	_____	_____	_____
9. DISCIPLINE: I address all pejorative name calling towards gays and lesbians immediately and forcefully outside of my classroom.	_____	_____	_____
10. VALUES: I let students know by my behavior that the subject of "homosexuality" is a subject that can be discussed safely around me.	_____	_____	_____
11. PEER ATTITUDES: I bring to their attention homophobic comments or jokes made by other teachers.	_____	_____	_____

I WOULD RATE MY BEHAVIOR AS FOLLOWS: (Mark the continuum)

☐ BASICALLY FAIR ☐ NEED SOME IMPROVEMENT

☐ NEED IMPROVEMENT ☐ NEED MUCH IMPROVEMENT

Consider how you rated yourself on "Teacher Behavior."

LIST SPECIFIC GOALS FOR INCREASING EQUITABLE BEHAVIOR ON YOUR PART _____

_____

_____

NAME CALLING IN THE CLASSROOM

WE **CAN** DO SOMETHING ABOUT IT

BY VIRGINIA URIBE, Ph.D.

Every day we hear names echo down the corridors of our schools and explode in our classrooms. Maybe it's happened to us, maybe it hasn't. But we certainly can sense the pain and humiliation of the children, and sometimes we can see their anger.

Insults take many forms; they all hurt. Racial, ethnic and sexual slurs are particularly abusive because they reflect a history of oppression, and therefore there is more power to inflict damage with such slurs. Do children need to be reminded that they are members of a denigrated class?

Sometimes slurs don't even get recognized as being hurtful and may be considered socially acceptable. Many young people use terms such as **nigger, spic, faggot, lezzie, queer** . . . because they know the effectiveness of their hurtful nature. The use of slurs attacks another's self-esteem and teaches young people that hatred of one group is condoned by our society.

As educators, it falls on us to create a cooperative learning environment where students are safe to express themselves in all their diversity. It is also the responsibility of educators to teach children that diversity is something to be celebrated rather than ridiculed.

Dr. Virginia Uribe, Fairfax High School, Los Angeles Unified School District, is founder and director of PROJECT 10, a dropout prevention program targeted at lesbian and gay teenagers.

EXERCISE FOR ESTABLISHING CLASSROOM RULES

* Even without a Code of Discipline, name calling can be controlled within the classroom using the following exercise:

1. Have students brainstorm names they have heard called.
2. List all suggestions on the board.
3. Discuss the following categories and categorize names accordingly: racial, ethnic, sexual, or religious bias.
4. Make students aware that all name calling involves prejudice and is equally bad.

* State that none of the listed names is acceptable in your classroom.
* Make it clear that you will not tolerate any form of name calling.
* Explain why and discuss consequences for failure to adhere to this rule.
* You can control behavior in your classroom. If you react immediately to any transgressions, students will feel safe in the classroom.

ESTABLISH A CODE OF DISCIPLINE

* Name calling, which has one basis in poor self-esteem, has the spiral effect of further lowering self-esteem, making it difficult for learning to take place.
* A system-wide Code of Discipline will assist in controlling name calling when this behavior is addressed directly.
* A phrase in one school's Code of Discipline defines the unacceptable behavior: "Willful obscene, abusive or profane language or gestures (including racial, religious, ethnic or sexual slurs)."
* This definition is followed by specific consequences for transgressions.
* With system-wide support and commitment a discipline code is very effective in eliminating name calling not only in the classroom but also in the hallways where it is most prevalent. *

*Taken from **Name Calling**, Equity Institute, Inc. Box 458, Amherst, Mass. 01004

GUIDELINES FOR COUNSELING GAY STUDENTS

In general, gay and lesbian students want what all kids want; to be cared about. Here are some suggestions if a student needs to discuss gay or lesbian concerns with you:

- **Be yourself.**
- **Remember the gay or lesbian student may be experiencing grief reactions, since most teens know the society says they are "wrong."**
- **Use the vocabulary the student uses; if the student uses "homosexual," follow his or her lead. Likewise, if the student says "gay" or "lesbian," use that term.**
- **Students may appear confused about their orientation when, in fact, they are only confused with what terminology to use.**
- **Use the term "same sex feeling" if the student appears uneasy with other vocabulary. "So, what you are concerned about are your same sex feelings for other girls."**
- **Be aware of your comfort and limitations. Do not add pain resulting from your judgment about sexuality generally or homosexuality specifically.**
- **Thank the student for trusting you.**
- **Respect confidentiality. The teacher's lounge has caused many students harm.**
- **Ask yourself questions:**
  - **(1) Does the student have friends he or she can trust with the information?**
  - **(2) Do parents know? What would happen if they knew?**
  - **(3) If parents cannot support, are there other adults available for support?**
- **Be aware of cultural roles which may affect the student.**
- **If trust and openness exist, sexual behavior may need addressing. Gay male students are especially in need of clear guidance regarding protection from AIDS.**

Individual Conferencing

Individual conferencing can take place in many different ways. A student may have mentioned a critical incident in a class discussion or in a writing assignment, and the teacher wishes to inquire further. A student may ask to speak privately to a teacher. Perhaps a student's performance or behavior may have alerted the teacher to a possible incident. Or, a student may have been referred to a counselor or may have self-referred to some support person on the staff.

The following strategies have proven helpful in dealing with individual conferences with students in distress:

FIND PRIVACY–If possible, try to find a place where the student can be assured of some privacy. Perhaps a cubicle in the counselor's office or in some other office. Avoid placing yourself in a compromising situation. Don't go off campus. Stay visible to others.

ASSURE CONFIDENTIALITY–Within the legal limits, assure the student that what is said will remain confidential.

MAINTAIN CALM–It is very important that the adult present a balanced demeanor so that the student knows that he or she has permission to talk freely about the source of the distress.

BE HONEST WITH YOURSELF–Keep in touch with your own feelings and reactions to the student, the issues, and the situation. This is especially important in an emotionally laden subject like homosexuality. If you feel you cannot handle the situation, ask someone else to take over, and arrange the transition.

VALIDATE FEELINGS–Listen well to the feelings that are being expressed by the student. Help the student clarify feelings. Use gentle probes for clarification and elaboration. Use increasingly focused questions when appropriate.

PROVIDE INFORMATION–The correct information at the right time can be very helpful. Be sure not to preach, however, and be sure that your own need to "do something" is not clouding your judgement regarding the timeliness of the information.

EXPLORE RESOURCES–As soon as possible, explore with the student what resources he or she has available, and what their support system provides. Assist them in deciding who, when and how to reach out for that support.

Richmond, California
Richmond Unified School District Contract:

ARTICLE 40 - NON-DISCRIMINATION

The Board shall not discriminate against any unit member on the basis of race, color, creed, age, sex, national origin, political affiliation, domicile, marital status, sexual orientation, physical handicap, membership or participation in the activities of an employee organization.

Eugene, Oregon
Eugene School District Contract:

ARTICLE 12 - NON-DISCRIMINATION

Section 9.

The provisions of this Agreement shall be applied equally to all unit members in compliance with the applicable law against discrimination as to race, color, creed, sexual orientation, national origin, age, sex or marital status.

Los Angeles, California
Los Angeles Unified School District Contract:

ARTICLE VII - NON-DISCRIMINATION

Pursuant to applicable Federal and State laws, the District and UTLA (United Teachers Los Angeles) agree not to discriminate against any employee based upon race, color, creed, national origin, sex, age, martial status, sexual orientation, handicap, or political or UTLA affiliation, and to have due regard for employees' privacy and constitutional rights as citizens.

ASCD'S LESBIAN, GAY & BISEXUAL ISSUES IN EDUCATION NETWORK

NETWORK HISTORY

The ASCD Network for Lesbian, Gay and Bisexual Issues in Education was established in October 1992 with 15 members and now has a membership of over 170. We are educators who work to assure that all members of the school community receive fair and equitable treatment in an environment where it is safe to be themselves. Often, this basic righ denied to lesbian, gay and bisexual students, staff, and families.

NETWORK PURPOSE/MISSION

The purpose of this network is to: 1) Work towards dismantling heterosexim and homophobia in the curriculum and policies of our schools, colleges, and universities a as within ASCD and other professional organizations; 2) Strive to create equity in sch that each individual is treated with respect and dignity; 3) Extend the concept of cul pluralism to include differences in sexual orientation; 4) Provide a support system of resources for lesbian, gay and bisexual educators, students and parents as well as het allies in the fight against discrimination; 5) Establish connections between heterosex other forms of oppression and discrimination (i.e. ableism, ageism, anti-Semitism, cla ethnocentrism, racism, and sexism).

NETWORK MEMBERS SERVICES

1) INFORMATION - We provide our membership with curricular resources about lesbian, gay and bisexual issues in education. To do so, we have established a comprehensive resource directory of information, services and publications which can be used to broa concept of diversity to include issues of sexual orientation.
2) CONSULTATION - We maintain an on-going network of professional, legal and personal resources for lesbian, gay and bisexual educators and their heterosexual allies.
3) COMMUNICATION - We facilitate a dialogue about our issues of concern through sessions and workshops for the ASCD annual conference, articles for ASCD publications a folder in the ASCD forum on AmericaOnline.
4) COLLABORATION - We will collaborate in our efforts with ASCD leadership, with other ASCD networks, and with related groups from other educational and community serv organizations.

NETWORK MEMBERSHIP FEES

There is a $10.00 service fee to join this network. Membership includes a copy of the Resource Directory.

NETWORK PLANS

1) Update the Resource Directory, publish two newsletters and an Annual Conference upd*te

2) Expand network membership and our list of regional contact people; 3) Conduct a business meeting and a social event at ASCD's Annual Conference 4) Continue to build alliances with related ASCD networks and other educat organizations; 5) Continue to maintain a presence in the ASCD forum on AmericaOnline; Submit manuscripts for ASCD publication to discuss issues of sexual orientation and/or protective legislation and effective programmatic interventions.

ASCD: *LGBIE*, P.O. Box 27527, Oakland, CA 94602

Marie Vitale, Norma Bailey - Facilitators

Association for Supervision and Curriculum Development

ASCD Resource Directory

Lesbian, Gay and Bisexual Issues In Education (LGBIE) Network

1994—1995

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CLASSROOM SUGGESTIONS

EXAMPLE of a teaching unit and activities

FOR CURRICULUM AND CLASSROOM MATERIALS SUPPORT

REFER TO

A BIBLIOGRAPHY - GAY AND LESBIAN ISSUES IN EDUCATION
Compiled by: Mr. Tracy Pharris
Teachers' Group of Colorado
POB 280346
Lakewood, CO 80228-0346

As of November, 1994, the Bibliography cost $10.00.

BIRMINGHAM PUBLIC SCHOOLS

Health Lessons on Sexual Orientation and Homosexuality

- Developed by the Health Education Curriculum Committee
- Approved by the Sex Education Advisory Council
- Approved by the District Education Council
- Recommended to the Board of Education by the Superintendent
- Approved by the Board of Education on December 15, 1992

INTRODUCTION

In the fall of 1992 the Birmingham Board of Education challenged the administration to review the section of the high school health curriculum pertaining to sexual orientation, specifically homosexuality. The criteria for this review were accuracy, objectivity, and balance. Following two months of intense, compacting work, reading public proposals and suggestions, reviewing resources, writing and critiquing drafts, the Health Education Committee provided the board of education with revised and updated lessons on the topic of sexual orientation. These lessons had been scrutinized and approved by both the Sex Education Advisory Council as demanded by state law and the Education Council as prescribed by Birmingham board policy. In addition, these lessons were sent to eleven physicians, therapists, and researchers in related fields to check for objectivity, accuracy, and balance.

The process of review entailed gathering reliable research reports. The criteria for authorities was research published or reported in respected peer review journals or in basic textbooks of the field. In two cases we quoted researchers' comments from letters to us, and we quoted from the Harvard Mental Health Letter. The Health Education Committee is very aware that, because of the AIDS virus, this field is opening up to new studies rapidly and must be carefully monitored. Already we are aware of interesting, developing information.

It is important to keep in mind that these three hours of lessons are part of an entire eighty-hour health curriculum for eleventh or twelfth grades. As such, they are best viewed as integrated with other components of sexuality and sexually-transmitted diseases. It is meant as an introduction to students, an awareness of homosexuality, and of high-risk behavior. For an in-depth study, students or their parents might read further from the works cited.

In summary we wish to thank the many people who helped us shape this revised curriculum. The Health Curriculum Committee members, the Sex Education Advisory Council members, the Education Council members the professional reviewers, and the numerous writers of thoughtful proposals and letters on this sensitive topic which is causing concern across the nation at this time.

Sylvia P. Whitmer

Sylvia P. Whitmer, Ph.D.
Director of Instruction
January 1993

Health Committee Members:

Karen Jacobson, Systemwide Department Head, Health Education

Helene Mills	Brian Priebe
Sue Henry	Suzi Osmer
Debby Giltner	Abby Rosenthal
Ellen Fleming	Frank Colasonti
Penny Howard	Brian Wolcott

BIRMINGHAM PUBLIC SCHOOLS
High School Health Education (11th/12th Grade) Core Curriculum

STUDENT OUTCOMES/OBJECTIVES

The following outcomes are for the complete health class. The bolded numbers are those outcomes which are orientation lessons.

Student will:

1. Define health and wellness.
2. Identify behaviors that contribute to death, disability, and disease.
3. Define the decision making process and apply it to situations related to holistic health in each cont
4. Identify personality characteristics through personal assessment.
5. Identify basic human emotions and recognize positive and negative ways of expression.
6. **Analyze types of relationships and corresponding levels of involvement; e.g., intimacy, friends, and acquaintances.**
7. Identify positive communications techniques and apply the skills of active listening and conflict res
8. **Identify characteristics of compatible relationships.**
9. Develop an awareness of the interdependent nature of fitness and holistic health.
10. Ascertain present fitness levels and develop an individualized fitness program.
11. Identify the components of a healthy diet and how it relates to the prevention of disease.
12. Analyze the effects of stress and develop stress management skills.
13. **Define and discuss human sexuality, sexual orientation, sex roles, and stereotypes.**
14. Explain the functions of each part of the human male and female reproductive systems.
15. **Identify and discuss the responsibilities, risks, and consequences related to various forms of sexual expression.**
16. **Identify and discuss the social, emotional, and physical advantages of abstinence.**
17. **Identify sexually transmitted diseases, including HIV/AIDS, their causes, effects, and prevention.**
18. Discuss and evaluate methods of family planning.
19. Explain how substance use may affect physical, emotional, and social health.
20. Discuss methods of coping with the pressures and consequences related to substance use
21. Become familiar with community resources that may assist with divorce, child and spouse abuse, sexual assaults, suicide, eating disorders, illness, handicaps, and death.

Approved Unanimously by the Birmingham Board of Education, Birmingham, Michigan, December 15, 1992

BIRMINGHAM PUBLIC SCHOOLS
SEXUAL ORIENTATION AND HOMOSEXUALITY

Introduction and Rationale:

The Birmingham health curriculum responds to district mission statement and strategic goals regarding responsible problem-solving of global issues, essential skills of relating effectively to one another, and the intrinsic dignity of each person. Health curriculum issues relate directly to protection of the human environment, prevention of disease, and promotion of physical and mental health. Research knowledge, and understanding in health areas is growing daily and requires curriculum updating regularly.

In 1986, in response to the global epidemic of HIV/AIDS, the U.S. Surgeon General's Report on AIDS recommended mass education as the cornerstone in the fight against HIV/AIDS. The report urged that educators include information on heterosexual and homosexual relationships (U.S. Government, 1986). In 1987 the state of Michigan passed a law that AIDS education shall be taught in every school in the state (P.A. 185), updated in 1990 (P.A. 139). By 1990 fifty states required or recommended HIV/AIDS education. The goals of school-based AIDS education are to promote HIV prevention and to foster social cohesion in the interest of public health (U.S. Congress, 1988). Adolescent HIV/AIDS is increasing dramatically, yet the National Adolescent Student Survey reported that 65 percent of youth were unaware of classroom instruction on HIV/AIDS (U.S. Government, 1989; Remafedi, 1992).

In 1989 the U.S. Government issued a report on youth suicide stating an "epidemic increase in suicide among all young people (15 – 24 years)." At least 5,000 youth now take their lives each year. This combines with substance abuse, family problems, school failure, and identity conflicts. This is especially true for youth struggling with sexual identity and orientation. (Task Force on Youth Suicide, 1989; Remafedi, 1985.)

The Birmingham School District requires an 11th or 12th grade health class for all students, taught by well-prepared professionals, which includes among many objectives, lessons on human sexuality, AIDS education, and awareness lessons on homosexuality. Out of the eighty-hour semester health course, approximately three hours are devoted to the specific topic of sexual orientation. Because of the sensitivity of these lessons on human sexuality and HIV/AIDS, parent permission is required for this segment. Like all Birmingham curriculum, this course is open to review and change as new knowledge becomes available and validated.

GOALS

The lessons on sexual orientation and homosexuality address objectives 6, 8, 13, 15, 16, and 17 of the total health curriculum.

A. Increase student sensitivity to the human dignity of all persons in our diverse society and to promote social cohesion in the interest of public health.

B. Increase student awareness of the existence of homosexuality and reduce misconceptions.

C. Alert students to the risk factors involved for young adults struggling with sexual orientation and identify resources available to students.

D. Reinforce the advantages of abstinence to avoid sexually transmitted diseases and enhance emotional health.

Approved Unanimously by the Birmingham Board of Education, Birmingham, Michigan, December 15, 1992

BIRMINGHAM PUBLIC SCHOOLS
SEXUAL ORIENTATION AND HOMOSEXUALITY

Purpose: Opportunity to respond to commonly asked questions about sexual orientation and homosexuality

1. WHAT IS SEXUAL ORIENTATION?

Sexual orientation is a pattern of emotional and physical attraction towards people of the opposite sex (heterosexual), same sex (homosexual), or both sexes (bisexual). For most people sexual attraction is to the opposite sex. For some people, sexual attraction is to the same sex or both sexes.

Our society tends to make clear-cut distinctions between heterosexuality and homosexuality However, the distinction is not precise, and there appears to be a continuum of sexual orientation between heterosexuality and homosexuality (Kinsey, 1948; Marmor, 1985; Crooks and Baur, 1990).

> "Males do not represent two discrete populations, heterosexual and homosexual . . . . The living world is a continuum in each and every one of its aspects. The sooner we learn this concerning human sexual behavior, the sooner we shall reach a sound understanding of the realities of sex" (Kinsey, Pomeroy, and Martin, 1948).

2. WHAT IS THE DIFFERENCE BETWEEN SEXUAL ORIENTATION AND SEXUAL BEHAVIOR?

As mentioned, sexual orientation is a pattern of emotional and physical attraction towards people of the opposite sex, same sex or both sexes. Sexual behavior is sexual contact between individuals and may not reflect a person's sexual orientation.

This distinction is important because it is behavior, not sexual orientation, that is the risk factor in contracting the HIV/AIDS* virus and sexually transmitted diseases. Same-gender sexual behavior is not confined to those persons with a homosexual orientation (Fay et al., 1989).

Regardless of a person's sexual orientation, a person has responsibility and choice related to his or her sexual behavior. Intimate sexual behavior has risks for all youth regardless of sexual orientation, and youth are encouraged to delay such actions until they are adults.

3. HOW IS SEXUAL ORIENTATION DETERMINED?

The reasons for a particular sexual orientation remain speculative and controversial.

There are a number of nature (biological) and nurture (environmental) theories that attempt to explain the development of sexual orientation, particularly homosexuality. Some of the nurture theories relate to parenting patterns (Freud, 1905; Bieber et al., 1962; Gadpaille, 1989;

*HIV = Human Immunodeficiency Virus
AIDS = Acquired Immune Deficiency Syndrome

Approved Unanimously by the Birmingham Board of Education, Birmingham, Michigan, December 15, 1992

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Theories of nature look to a biological predisposition (Money, 1988; Bell et al., 1981). Recent research strengthens the biological position. Science, a publication with exacting peer review specifications, reviewed research on brain development which suggests possible differences between homosexuals and heterosexuals (LeVay, 1991). The Proceedings of the National Academy of Science published further supporting brain research (Allen and Gorski 1992) on genes and twins suggesting familial impacts (Bailey and Pillard, 1992). Taken together, these studies support a strong biological component which cannot be dismissed (Baringa, 1992).

"A probable answer to the nature-nurture question, then, is that in all instances of human sexuality, both constitutional and experiential factors are involved. These may include social and economic factors as well as hormonal and familial ones," concludes psychiatrist Judd Marmor in the Harvard Medical School Mental Health Letter (October 1985).

4. WHO IS A HOMOSEXUAL PERSON?

A homosexual person is an individual whose primary sexual attraction is to members of the same sex. A homosexual woman is referred to as a lesbian. A homosexual man is referred to as a gay man.

5. DOES HAVING A PHYSICAL ATTRACTION TOWARDS A MEMBER OF ONE'S OWN SEX MAKE AN INDIVIDUAL A HOMOSEXUAL PERSON?

No. Many youth during early childhood and adolescence have short lived same-gender sexual attractions or experiences, but they are not gay or lesbian oriented. A single or even a few homosexual experiences have not been shown to have long term, predictive value in determining a person's sexual orientation (Kapp et al., 1988).

Men and women in our culture and other cultures have close friendships with people of the same sex and express their affection in many ways. This is thought to be beneficial to an individual's mental and emotional health and is not considered homosexual behavior.

6. CAN A PERSON'S HOMOSEXUAL ORIENTATION BE CHANGED?

Conflicting opinions and theories abound in response to this question regarding the etiology (cause) of sexual orientation.

"Sexual orientation is widely believed to be determined in early childhood" (Remafedi, 1990). "Many professionals who have studied and worked in the area of homosexuality believe that an individual's homosexual orientation is a highly stable trait, no more easily changed than attitudes and feelings associated with a heterosexual orientation . . . [and] which develops without any sense of having made a choice" (Erard, Resolution of Michigan Psychological Association, 1992). Regardless of orientation, one has responsibility for behavior.

Katz reports that a wide variety of treatments and therapies, some extreme, have been used, and generally have not been successful (1976). Remafedi states that "most scholars would agree that efforts to change sexual orientation are unfounded, misguided, and unethical" (Remafedi, "Fundamental Issues," 1992). Many gay and lesbian people state that they do not see any reason to change orientation.

Other authorities, however, believe therapy is appropriate in some circumstances. "The Masters and Johnson Institute has utilized a treatment program for individuals who were dissatisfied with their 'gay lifestyle.' In approximately seventy percent of those treated, a successful reversion/conversion was achieved." They note serious sampling problems in their study (Masters and Johnson, 1992). Warren Gadpaille, in Psychiatry V, a respected textbook, states: "Although many homosexuals can achieve the shift to heterosexuality if they are so motivated, there are even more who cannot . . . . A psychiatrist who works with homosexuals should . . . find the goal equally acceptable (for homosexuals) to accept themselves and their homosexuality without shame . . ." (1989).

7. WHAT ARE THE PERCENTAGES OF AMERICANS WHO ARE LESBIAN AND GAY?

Estimates regarding the percentage of gay and lesbian people in American society are open to question. Statistical processes are complex and depend upon sophisticated survey techniques and population sampling. In addition, definitions of sexuality which span a continuum from exclusively homosexual to exclusively heterosexual complicate data collection and data categories.

The most quoted and most respected studies estimate that the exclusively or predominantly homosexually-oriented population ranges from 3% to 10% with various other studies coming in below and above this range (Kinsey, 1948 and 1953; Crooks and Baur, 1990; Fay et al., 1989; Remafedi et al., 1992).

Three studies serve as examples:

According to the Kinsey Reports, published in 1948 and 1953, it is estimated that 4% of men and 2% of women (or approximately 3% of the total population) are exclusively homosexual. The number of predominantly homosexual people may be 10% of the population (Crooks and Baur, 1990). "Even 40 years ago, Kinsey's data were regarded as unsuitable for making estimates" beyond his own study (Fay et al., 1989), yet it is often cited.

A 1989 report by Fay, Turner, Klassen, and Gagnon regarding the epidemiology of AIDS estimated that 1.4% of men 20 years and older had adult homosexual encounters. An additional 1.9% had adult homosexual experiences characterized as "occasionally." Taken together, this is 3.3% of the adult male population. The researchers pointed out that this population was not exclusively homosexual throughout their lives. They also state: "Given a history of discrimination and oppression . . . it is reasonable to expect that there will be a downward bias (under count) in results."

Lastly, in the largest study of adolescents, which included 36,741 Minnesota public school students in grades 7 through 12; Remafedi's data register that the prevalence of reported adolescent homosexual experience increases with age from 0.4% at 12 years old to a peak of 2.8% at 18 years old with attraction reaching 6.4%. Overall, 10.7% of students were "unsure" of their sexual orientation. Gender differences were minor (Remafedi et al., 1992).

As demonstrated, it is difficult to determine exact percentages, and regardless of the percentages, gay and lesbian people are present as citizens in American society and throughout the world. Their presence has been documented for centuries (Crooks and Baur, 1990; Gadpaille, 1989; Berger, 1987).

8. CAN LESBIAN AND GAY PEOPLE BE EASILY IDENTIFIED?

Most gay and lesbian people are indistinguishable from other people, although like heterosexuals, a gay or lesbian person may choose to express his or her individualism by appearance and manner. It is inappropriate to judge or degrade anyone based on appearance or manner.

Lesbian and gay people are represented in all social classes, occupations, races, religions and political persuasions in our society. For example, lesbian and gay people are singles and committed couples; mothers and fathers; sons and daughters; intellectuals and athletes; rich middle class and poor; urban, suburban, and rural; African Americans, Hispanic, and Native Americans, Asian-Pacific, and Caucasian Americans.

9. WHAT KIND OF JOBS DO GAY AND LESBIAN PEOPLE HOLD?

Lesbian and gay people work in all occupations and professions. Many lesbian and gay people take precautions not to reveal their homosexuality because even efficient and effective job performance is no protection from harassment, prejudice, and even termination (Harvard Law Review, 1989). Therefore, we may not see great evidence of lesbian and gay people in so-called traditional jobs, as they may not feel safe in being open. For example, there are lesbian and gay people in the military, although homosexual orientation is cause for dismissal.

It is illegal to discriminate on the basis of sexual orientation against gay and lesbian employees in seven states and in many other cities. The states are Wisconsin, Massachusetts, Hawaii, Connecticut, New Jersey, Vermont, and California.

10. DO LESBIAN AND GAY PEOPLE EXPERIENCE DISCRIMINATION IN THE U.S.?

Like other groups who are perceived as "different," lesbian and gay people experience misunderstanding and prejudice. Name calling, verbal abuse, sexual harassment, or physical violence because of sexual orientation is not appropriate and in many instances is illegal.

Gay and lesbian people are often denied their civil rights, such as equal access to employment, housing, insurance, and public accommodations (Harvard Law Review, 1989).

11. IS HOMOSEXUALITY A MENTAL ILLNESS?

No. In 1973 the American Psychiatric Association (APA), after great internal debate, removed homosexuality as a category of mental illness from the APA's official Diagnostic and Statistical Manual of Psychiatric Disorders (Bayer, 1987; Marmor, 1980). Despite debate, the APA position has never been reversed. In 1975 the American Psychological Association urged "... all mental health professionals to take the lead in removing the stigma of mental illness that has long been associated with a homosexual orientation." The American Medical Association passed a similar resolution.

12. ARE GAY AND LESBIAN PEOPLE CHILD MOLESTERS?

Child molestation or pedophilia should not be confused with homosexuality. Berger states "... statistics show consistently that the great majority of adults who sexually molest children are men whose victims are minor females and that the incidence of homosexual molesters is proportionate to their numbers in the population (National Center on Child Abuse and Neglect, 1975; Task Force on Sexual Preference, 1977). Many child molesters molest both male and female children, suggesting that this phenomenon is often independent of sexual orientation." (Berger, Encyclopedia of Social Work, 1987, pg. 799).

13. ARE LESBIAN AND GAY YOUTH AT RISK?

Yes. Youth who struggle with their sexual identity during the period of adolescent development may be at risk of dropping out of school, abusing alcohol and drugs, and running away. Gay and lesbian youth are at a disproportionately higher risk for these same problems due to the stigma of being gay or lesbian in the United States (Remafedi, 1985).

In January 1989 the United States Department of Health and Human Services issued a Report on Youth Suicide. The findings in Volume 3 of the research indicated that lesbian and gay youth are two to three times more likely to attempt suicide than other youth, and they may account for thirty percent of all completed suicides among teens.

Many gay and lesbian youth lead isolated and lonely lives, unable to tell their families, friends, counselors, teachers, or religious leaders who they really are for fear of rejection and/or verbal and physical abuse (Remafedi, 1985). Growing up as a lesbian or gay person may result in low self-esteem, depression, and self-destructive behaviors.

14. HOW DO ORGANIZED RELIGIONS VIEW HOMOSEXUALITY?

Current theological positions toward homosexual orientation and behavior demonstrate a great range of convictions. To discover where a religion or denomination stands on these issues we strongly recommend that you speak with your parents or a religious leader.

15. IS HIV/AIDS A HOMOSEXUAL DISEASE?

No. HIV/AIDS is a virus spread by four means: (1) unprotected heterosexual and homosexual sexual behaviors involving the exchange of body fluid; (2) sharing needles; (3) mother-to-infant transmission; and (4) contaminated blood.

Worldwide HIV/AIDS is primarily a heterosexually transmitted disease. Although HIV/AIDS in the U.S. was initially identified among homosexuals, cases are increasing dramatically among heterosexuals, intravenous (IV) drug users, and those who practice needle sharing (Koop and Johnson, 1992).

Abstaining from high risk behaviors is the best method of prevention. Some methods of avoiding HIV/AIDS may be "safer" than others, such as the use of condoms, but they are not risk-free.

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PARENT PERMISSION LETTER

Dear Parents:

In order to better prepare high school students for important life decisions, the Birmingham Board of Education has established the successful completion of an 11th and 12th grade health course as a graduation requirement. This course contains a four-week human sexuality unit covering reproductive health, family planning, heterosexuality, homosexuality, and a unit on sexually transmitted diseases including HIV/AIDS. Methods of instruction include discussion, written materials, lectures, videos, and guest speakers.

According to Public Act 226 of 1977, you have the right to review the materials used in the health course in which your son/daughter has enrolled. In compliance with this statute, we will present an overview of the Human Sexuality Unit of the health curriculum on

_____
(Date/Location)

The overview will be presented by _____ High School health teachers
(School)

If this meeting is not convenient, you may make arrangements to review the materials by contacting the health teacher of your son/daughter at _____.
(Telephone Number)

By law, you have the right to excuse your son/daughter from all or part of the human sexuality unit covering reproductive health, family planning, heterosexuality, homosexuality, and a unit on sexually transmitted diseases including HIV/AIDS without penalty in calculating his/her grade.

Please complete and return the attached response form to your student's health teacher.

Thank you very much.

Sincerely,

Principal

- - - -

HIGH SCHOOL HEALTH

11TH AND 12TH GRADE

COURSE OUTLINE: This will appear on the back of the parent letter.

I. OVERVIEW OF WELLNESS

- A. HOLISTIC HEALTH
- B. DECISION MAKING
- C. STRESS MANAGEMENT
- D. PHYSICAL FITNESS
- E. NUTRITIONAL HEALTH

II. SUBSTANCE USE AND ABUSE

- A. ALCOHOL
- B. NICOTINE
- C. DRUGS AND THEIR EFFECTS
- D. SUBSTANCES AND THE LAW
- E. COPING WITH SUBSTANCE USE
- F. EFFECTS ON THE FAMILY

III. PERSONALITY DEVELOPMENT

- A. PERSONALITY CHARACTERISTICS
- B. PERSONAL ASSESSMENT
- C. EMOTIONS AND FEELINGS
- D. PERSONALITY DISORDERS
- E. COPING SKILLS

IV. UNDERSTANDING OTHERS

- A. COMMUNICATION SKILLS
- B. PERSONAL RELATIONSHIPS/FAMILY
- C. PERSONAL RELATIONSHIPS/PEERS

V. HUMAN SEXUALITY

- A. SEX/SEXUALITY
- B. SEXUAL ORIENTATION
- C. SEXUAL RESPONSIBILITY
- D. SEXUAL EXPRESSION
- E. SEXUAL ASSAULT
- F. HUMAN REPRODUCTION
- G. CONTRACEPTION
- H. AIDS
- I. OTHER SEXUALLY TRANSMITTED DISEASES

Approved Unanimously by the Birmingham Board of Education, Birmingham, Michigan, December 15, 1992

PANEL DISCUSSION

RATIONALE AND PURPOSE OF PANEL

Permits students to take the opportunity to dialogue with individuals who are personally affected by the issues of homosexuality. This dialogue helps achieve the goals of the lesson:

A. Increase student sensitivity to the human dignity of all persons in our diverse society and to promote social cohesion in the interest of public health.

B. Increase student awareness of the existence of homosexuality and reduce misconceptions.

C. Alert students to the risk factors involved for young adults struggling with sexual orientation and identify resources available to students.

FORMAT

Panel discussion is one class period (44 minutes). Health classes rotate in and out of one location during the hours that the panel is offered.

Panel consists of moderator (teacher), parents of a gay child, a gay male, and a lesbian.

GUIDELINES

Only those students who have been given permission by parents may attend.

Staff members implement approved lessons prior to panel discussion.

Any student missing two days prior may not attend.

Any student who expresses a concern or desire not to attend panel discussion is excused.

Students prepare questions in class to ask panel. Teacher reviews for appropriateness.

No literature that has not been approved by the Sex Education Advisory Council will be distributed.

Speakers for panel are interviewed by health education staff and referred by selected resources.

RESTRICTIONS

Discussion of personal sexual experiences and the mechanics of sex are inappropriate and not permitted.

Panel discussion will not take place when there is a substitute teacher unless arranged with principal.

Approved Unanimously by the Birmingham Board of Education, Birmingham, Michigan, December 15, 1992

BIRMINGHAM PUBLIC SCHOOLS

VIDEO – "What If I'm Gay?: A Search for Understanding"

Purpose: Students have the opportunity to observe peers who struggle with their sexual orientation and how others cope with their discovery.

Goals: A, B, and C.

ABC Television Special – Time: 30 minutes

In this sensitive dramatization, a teenage boy ponders questions raised by his growing sense of sexuality--how the realization and the acceptance of his possible homosexuality will affect his friends and family and how it may shape the course of his future. As lifetime friendships fall apart and relationships change, viewers are challenged to acknowledge the youth as a whole person, not as someone defined solely by sexual preference. This thoughtful exploration into the feelings of maturing adolescents will provide animated discussion about stereotyping and about basic assumptions regarding sexuality and sexual orientation.

Outcomes of the Video:

1. Recognize that it is normal to struggle with questions about sexuality.
2. Understand that the issue of sexuality is not the single or most important factor in determining an individual's identity.
3. Encourage understanding and support as the appropriate response to a friend's confusion.
4. Learn that it is important to seek the support of family and professional counsel when such questions arise.

Approved Unanimously by the Birmingham Board of Education, Birmingham, Michigan, December 15, 1992

DAILY SCHEDULE

3 - 4 DAYS

Video - What If I'm Gay?

Questions and Answers Dialogue

Panel

COMMUNITY RESOURCES

Purpose: Students will know where to turn for further information and support.

PARENTS, RELIGIOUS LEADERS, HEALTH TEACHERS AND COUNSELORS ARE THE PRIMARY SOURCES OF INFORMATION. IN ADDITION, FURTHER INFORMATION AND SUPPORT ARE AVAILABLE FROM:

Birmingham Youth Assistance
642-4882

Common Ground Crisis Line
543-2900

National Suicide Hot Line
1-800-882-3386

Parents and Friends of Lesbians and Gays (P-FLAG)
313-478-8408

Affirmations Lesbian/Gay Community Center
313-398-4297

Approved Unanimously by the Birmingham Board of Education, Birmingham, Michigan, December 15, 1992

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Saturday

AUGUST 15, 1992

The Detroit News

Accent

Section C

TV LISTINGS 4-8C
EDITORIAL PAGE 12C

Coming out in high school is like coming out under fire. But with gay teen suicide reaching epidemic proportions, many gay kids have decided that itching the closet early is their best protection. Still, woe to those who reach for help — where the needs of gay teens are concerned, school is definitely out.

GLYNIS SWEENY/The Detroit News

LONELY *are the* BRAVE

By Michael H. Hodges
THE DETROIT NEWS

Every day something's scrawled on your desk when you get to school. The message varies, but the vocabulary — "fag," "queer," "fairy" — is constant.

You've gotten used to walking down the hall tensed for spitballs lobbed from behind. Maybe you're paranoid and maybe you're not. Today your desk read: "AIDS Kills Fags Dead."

"You do this again," you said, turning to the geeks clustered behind you, "and I swear, I'll kill you."

Your name is James. You're 15 years old. You're homosexual and live in Mt. Clemens.

You may be gay, but you're no wimp — despite your delicate frame and features. You fight back. You've hurt a few kids.

You've spent an alarming part of the past two years — 9th and 10th grade — on suspension.

Counselors, teachers and principals — all genial, all laboring to look in control — harrumph and say, "See here, what are we going to do about this?" You wonder why they're asking you.

Most of the time you can take the abuse. But what bugs you the most — what nearly kills you — is the taunt, usually delivered in a leering whisper, that says, "We know you're the only queer in this school." The only one. Alone. Isolated.

> **"When other (gay) kids saw the way I got picked on, there's no way they'd come out."**
>
> JAMES, 15

Gay adolescents confront schools and society with a dilemma both are desperate to avoid. Whatever one may think of adult homosexuals, these are children, and even the angriest opponents of gay rights are reluctant to write off kids with the same scorn they apply to the fully-grown.

Coming out in high school is like coming out under fire. Putting it bluntly, the environment is rarely receptive.

But even those gay kids who hide and "pass" as straight through their high school years can implode without warning. The evidence is stark: Gay adolescents are almost three times more likely to kill themselves than straight kids.

According to a 1989 report drafted by the U.S. Department of Health and Human Services, one third of the 5,000 teen suicides each year involve gay children.

Shocking as the numbers are, they never saw much light of day. The report was abruptly disavowed by DHHS Secretary Louis Sullivan and shelved after Rep. William Dannemeyer, the California Republican who's made his career condemning homosexuals, laid into the chapter on "Gay Male and Lesbian Youth Suicide."

In an apologetic response, Sullivan blamed the report on "the previous administration" and reaffirmed his support for "traditional family values."

Still, the subject won't go away. A University of Minnesota study published last summer in the medical journal *Pediatrics* found that 30 percent of gay adolescents in two randomly selected groups had attempted suicide.

More to the point, these are kids at risk — more likely to drop out, run away, and end up in the bellies of the big cities, where gay adolescents form a disproportionately large share of kids living on the streets.

Schools, not surprisingly, have preferred to duck the issue at all costs. "One thing that makes the schools more unwilling to deal with this than other places," says Dr. Robert Deisher, a national authority on adolescent development at the University of Washington, "is that any

Please see Kids, 3C

Affirming being a teen, and gay

By Michael H. Hodges
THE DETROIT NEWS

When kids first show up at the Saturday youth group run by Affirmations, the lesbian and gay community center based in Ferndale, they're often a mess.

"The kids typically come in very upset," says executive director Jan Stevenson, "acting out or terribly shy, often dressing to attract attention. You can just see 'pain' written all over their foreheads.

"But after a while," she says, "they make friends, want to fit in and begin to moderate their behavior."

Just walking in the door can take guts. Marlon, 18 — whose name, like those of the other kids, has been changed to mask his identity — confesses he sat on a wall across the street three Saturdays in a row, observing, before he got up the nerve to go in.

Please see Teen, 3C

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Kids: Coming out at school is like coming out under fire

From page 1C

teacher who talks or teaches about homosexuality — or even befriends a gay kid — is subject to being thought of as a molester."

Despite this, a handful of school systems across the country — you can count them on one hand — have quietly established support groups for gay high school students. Their aim, says Dr. Gary Remafedi, the author of the *Pediatrics* article who runs the University of Minnesota's Youth and AIDS Project, is to try to lighten the "crushing sense of isolation" these kids feel.

But the Rev. Lou Sheldon, the founder of the evangelical lobbying group, the Traditional Values Coalition, ascribes to such programs another purpose. They are, says the widely quoted fundamentalist, "recruitment programs."

Approaches to handling teen-age homosexuality vary from state to state. The Republican governor of Massachusetts recently named a blue-ribbon panel to look into gay teen suicide. Alabama, by contrast, reworked its sex-education code this year to require teachers to emphasize that homosexuality is "unacceptable to the majority of Americans" and a felony under Alabama's sodomy law.

"The greatest disservice you can do to those kids," says Betty Boetwick, vice-president of the Eagle Forum of Alabama, a "family values" special-interest group that wrote the legislation, "is to refrain from telling them what society expects of them — because they can change."

But catch them quick, she cautions, before they've found other gay people. "Homosexuality is an extremely addictive behavior," says the Birmingham, Ala., homemaker. "You are talking about something that would be akin to crack addiction."

The descent into homosexuality, in Sheldon's characterization, is surprisingly light-hearted.

"Homosexuality is the new kid on the block," he says, "and so you've got kids saying, 'Hey! That looks attractive. Let's all try it.' "

Deisher disagrees, as do most experts in the field. "Sexual orientation is established by the time a child leaves the cradle, if not before birth," he says. "This sort of attitude is just claptrap."

That's certainly how it looked to Joan, 18, when she tried to kill herself three years ago.

tomboyish good looks had come to the conclusion that she was hopelessly lesbian. She'd tried for years to change. It hadn't worked. So she waited one afternoon until her father left for work. Then she took an overdose of muscle-relaxing quinine pills and a bottle of Dramamine. "I would've been dead if my stomach hadn't been pumped," she says.

Joan was luckier than some. Half way through the dead end starting to feel woozy, "I chickened out and called my mother." Her older sister kept her on the phone while Mom raced the 25 minutes in rush-hour traffic to get her.

Ten weeks in a Grosse Pointe psychiatric unit were followed by a year of therapy. "It helped me get my head — uh, I don't want to say 'straight' — but cleared up."

People who say young homosexuals should just change infuriate Joan. She doesn't think they appreciate

> **Straight people don't have to go through nearly as much."**
>
> JAMES, 15

the lengths most gay teens have already gone to achieve just that. Denial and self-loathing, she argues, eyes flashing with what-would-they-know indignation, are the constant companions of kids struggling to figure out what they are.

If there's an edge of challenge to her voice now, Joan figures she's earned the right to decide who she really is.

"I've tried to change but I can't. That's what got me into that mess three years ago. I'm not going back."

"I was born this way," says James with a shrug. "I wouldn't choose it. It's just not worth it. Straight people don't have to go through nearly as much."

James has gone through a lot. He was 12 when his parents learned he was gay, after he inadvertently left an incriminating letter on his bed. (With a child's naivete, he called home from school to ask his mother not to read it.)

His stepfather vowed to beat the gayness out of him, James says, but he didn't succeed. The subject was closed as soon as it was opened, with James under orders never to bring it up at home for fear the infection might spread to his younger half-siblings.

Other consequences followed. From then on, he says, "The only sleep-over friends I could have had to

The few times he tried to talk to his mother alone, "She'd just drink."

Today, in a sun-drenched Mt. Clemens Denny's, James — whose name, like that of the other kids interviewed for this piece, has been changed to protect his identity — insists he's doing fine and that life is great. And well it might be. But it's hard for an adult not to worry that his bravura masks a certain fragility, that this child has shouldered more than most 15-year-olds could handle.

Consider: James has missed a great deal of school, and worries that he might not graduate. His family is unsupportive, at best. Last year he was raped, he says, by a "straight football jock" whom James remembers hissing "You're just a faggot" as he beat him into submission.

For a while James made a career of running away from home, but he's lately been taken in by a gay couple in their 20s, whom he says have power-of-attorney over him.

James says he's much relieved. But tears still spring to his eyes and he loses his train of thought when the conversation turns to his mother.

If it all has a dramatic edge, counselors familiar with James' case confirm the bulk of his story, though the assistant principal at his school — not named, again, to protect James' identity — says the suspensions mostly took place before James transferred to his present school.

"I really like the kid," the official says. "He's got a lot of guts. He knew he was bringing a lot of this on himself. But that was his choice. We tried to help him along."

And despite the breezy assumptions on the part of Traditional Values and the Eagle Forum, it's hard to find a gay kid who didn't initially regard his or her homosexuality with horror.

Says Marion, 18, "I come from a really devout, Christian family, and this sort of thing was just inconceivable. I spent a lot of nights crying, 'How could God let this happen to me?' "

Press Traditional Values' Sheldon and he'll concede that some kids have very real gender-identification confusion. He says he sympathizes with them. What they need, he says, is "reparative counseling. People can overcome their homosexuality. There are hundreds of people who have come out of it."

Experts in the field, however, including the New York-based Sex Information and Education Council of the U.S., a clearinghouse for sexuality research, say there are no scientific, peer-reviewed studies that bear out this claim.

"There's no scientific evidence

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that a person's sexual orientation can be changed," says Minnesota's Remafedi. He's not sure that therapists who offer "cures" for homosexuality are on the level. "I think it's a financial scheme," he says.

Indeed, one wonders how kids like James — from a Macomb County working-class background — could swing the funds for the sort of "reparative therapy" Sheldon wants? And even the dean of the you-can-change movement, Dr. Joseph Nicolosi — whom Sheldon invokes at every opportunity — told Newsweek last fall that the most clients can hope for is not some light-switch conversion to heterosexuality, but just an enhanced ability to manage homosexual desire.

Doesn't sound like much of a promise from a scared kid's point of view.

Sheldon helped launch his political career by attacking the first in-school support program for gay teens, Los Angeles' "Project 10," comparing its openly lesbian director, Dr. Virginia Uribe of Fairfax High, to "a fox guarding the hen house."

The 1988 battle over Project 10 was a bitter, media-genic campaign, with contentious hearings at the Board of Ed. and Sheldon declaiming anywhere he could — from the steps of Fairfax High, on *Larry King Live* and *Crossfire*.

Of the brouhaha, Uribe says dryly, "They got a few calls downtown."

But the Board of Education stood by its earlier belief that preventing drop-outs and suicides was a higher priority than endorsing any one theory on the nature of sexual development, which nobody, in any case, can actually prove.

Project 10, which Uribe started in 1984, now operates groups in 18 of Los Angeles' 50 high schools, reaching some 250 kids a year. The controversy, Uribe says, pretty much evaporated after Sheldon moved on to other battles.

Part of the problem that gay kids face in the schools is that so few teachers are willing to intervene — when a gay student is being harassed — a don't-get-involved reality that infuriates Joan's mother.

"Joan was very badly mistreated at school," she says. "She got spat upon." Despite this sort of treatment, she says, the school in question did nothing. "Schools are victims of the same prejudice as the rest of society. And that's the way it's always been."

Still, if educators tend to cover their butts by looking the other way, it's not entirely surprising. Those who stick their necks out sometimes might wish they hadn't.

Sue Williams, a school nurse, founded the lesbian/gay support group two years ago at St. Paul's (Minn.) Central High. Overnight the unmarried heterosexual found herself the object of rumors eddying through the faculty lounge: *She must be lesbian.*

"It was a real good learning experience for me," Williams says, "because I got a taste of what it's like for the kids." Still, she doesn't regret a thing. "This has been the most significant thing I've ever done," she says.

No Michigan schools offer support groups for gay teens, nor are there any statewide programs to try to reduce homophobia. In part, this is a function of state law, which leaves sex education strictly to the localities, according to Patricia Nichols at the State Board of Education. But it's also a reflection of political realities.

Please see Kids, 4C

Teen: Affirming being gay

From page 1C

Straight folks might have a hard time appreciating just what it means to a gay kid to meet others like him- or herself, to be able to drop his guard for the first time in a life of silence and hiding.

You want proof what it means? Just ask James.

"My life," says the 15-year-old, a youth group regular for two years now, "is on Saturdays."

One rainy Saturday a couple months back, Joan is laying down her moral worldview in front of a couple dozen teenagers ranged in a circle at Wellness House, the AIDS service center in west Detroit, where the youth group regularly meets. The subject of today's discussion is sexual morality, and the girls are enthusiastically slamming the boys for being "sluts."

You'd never know, to hear her now, that Joan tried to kill herself three years ago. Today she's all self-possession and confidence — a turnaround experts say is often the case once gay kids learn they're not the only weirdos in the universe.

She'd never just meet someone at a bar and hop in the sack, Joan says. And when she does finally sleep with someone, that young woman's going to have to answer some mighty big questions first.

"I'd want to know right off the bat," she says, cheeks flushing pink in her enthusiasm. "Are we doing this because we think we want a relationship?"

On the opposite side of the circle, Brad, an all-American football-captain type, 18, speaks slowly, head down, concentrating on his hands.

"When I first came out, I'll admit, I was like a kid in a candy store. There've been times when people have come up and asked me to go home with them and I have."

One of two girls holding hands — each looks to be about 17 — pipes up: "See, I couldn't do that. I'd be too scared."

But Brad denies that his sexual history has been much different from his straight peers, and questions the easy assumption on the part of many straight people that to be homosexual is to be, ipso facto, promiscuous.

"There's a lot of stuff that flies against stereotypes," says Brad thoughtfully. "A huge number of straight adolescents I know are strictly out for sex, whereas a lot of gay teens I know want relationships. They talk about gay bars being meat markets, but jeez, have you ever seen a straight pick-up bar?"

During a break in the proceedings, Stevenson ticks off what she hopes to accomplish with the youth group: To offer a safe place where kids can get peer support, to provide good adult role models, and, quite simply, to say to kids, "Hey, you're not so bad. You're OK."

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AIDS & Teens: Sixth Leading Cause of Death

by Bear Pross

AIDS is killing America's teenagers. AIDS is now, according to the Select Committee on Children, Youth and Families, the sixth leading cause of death among youth ages 15-24. Because the incubation period of HIV infection can be ten or more years, young adults who now have AIDS were probably infected with HIV as teenagers.

Unprotected teenage sex is occurring with alarming frequency. The moral issues raised by this activity pale in comparison to the HIV infection rate. The rate of teenage pregnancy indicates that teenagers are having unprotected sex (sex without condoms). The Select Committee found that during the past two years, the number of teens and young adults (ages 13-24) who were diagnosed with AIDS increased by 77 percent. More than half the AIDS cases among persons ages 13-24 in the United States have been reported during the past three years of the decade-old epidemic.

AIDS disproportionately affects racial and ethnic minorities. Hispanic teens represent 12 percent of American teens and 19 percent of reported AIDS cases among teens. African-American teens comprise 15 percent of America's teenage population and 37 percent of reported cases of teenage AIDS. Gay and bisexual male teenagers are at greatest risk. Statistically, gay and bisexual teens of every racial background have the highest rate of HIV infection. Although the infection rate is high, few prevention programs target these populations.

America must recognize its fear of teen sexuality issues. Admonishment to remain abstinent must be accompanied by information about how to prevent infection.

During efforts to help teens protect themselves from HIV infection, society also must not forget those teens and young adults who are currently living with HIV and AIDS. They face daily issues of rejection by family and peers, discrimination, inadequate health care, and pregnancy. Teens with HIV and AIDS have the potential to contribute the information we need to reach out to all youth. Adults have the capacity and responsibility to help protect children. We need to listen to them, now.

For help with an HIV/AIDS related issue or for more information, the following resources are available:

National AIDS Hotline
1-800-342-2437

Hotline Espanol
1-800-344-7432
(8 a.m. - 2 a. m.)

Affirmations
(Support for Lesbian, Gay, and Bisexual Youth)
(313) 398-4297

Teens Teaching Teens
AIDS Prevention
1-800-234-8336

MICH P+A SERVICE EXCHANGE SECOND QUARTER 1992

Gay and bi male teens at risk

Bettencourt Bear 4/96

A national study conducted by the Centers for Disease Control and Prevention shows that an average of seven out of one hundred young men who acknowledge same-sex activity are infected with the human immunodeficiency virus. Of American gay and bisexual men surveyed, five percent of those aged 15 to 19 and nine percent of those aged 20 to 22 were HIV-positive. Nearly 40 percent reported engaging in unprotected anal intercourse in the six months prior to questioning. The findings were presented by CDC staffer Linda Valleroy at the annual meeting of the American Association for the Advancement of Science. Noting that those surveyed grew up in an era of AIDS awareness, Valleroy called the prevalence of unprotected anal sex "alarming."

School Counselors' Perceptions of Adolescent Homosexuals

James H. Price, Susan K. Telljohann

ABSTRACT: *Data from a national survey of secondary school counselors (N = 289) were collected regarding their perceptions of adolescent homosexuality. Most counselors underestimated the prevalence of homosexual adolescents. Almost one in five counselors reported that counseling a homosexual student concerning gay issues would not be professionally gratifying, and 20% thought they were not very competent in counseling gay adolescents. One-fourth of the school counselors reported that teachers seem to exhibit significant prejudice toward homosexual students, and 41% believed schools are not doing enough to help gay students adjust to their school environment. Perceptions of adolescent homosexuality did not vary by gender, age, or education level of the counselors.* (J Sch Health. 1991;61(10):433-438)

Homosexuality is the most common sexual minority in our society. The incidence of adolescent homosexuality is uncertain, but at least one researcher has claimed it may be as high as 10%.[1] If this estimate were true it would indicate that about 3 million adolescents are gay. Homosexuality consists of same-sex affectional and erotic preference along with a weak or absent opposite-sex preference.[2,3] Homosexual identity development appears to be present in childhood and continues to develop through adolescence and into early adulthood.[4] Bell, Weinberg, and Hammersmith[5] reported that 70% of their sample of adult homosexuals reported feeling "somewhat" or "very much" different from same-sex peers during childhood. Ramsey[6] found that 30% of a sample of 291 junior and senior high school boys had a homosexual experience to orgasm. Sorenson[7] reported in a study of youths that 11% of boys and 6% of girls between ages 13-19 had at least one homosexual experience.

However, this sexual experience does not necessarily imply that all such youth will become adults with a homosexual orientation. This activity increased to 17% among an older sample of males ages 16-19. Roesler and Deisher[8] interviewed 60 young homosexual or bisexual men between the ages 16-22 and found that most reported prepubertal homosexual experiences. Retrospective studies[9-11] of male homosexuality indicate mean age at the time of awareness of same-sex attractions occurred at approximately age 13. The mean age for lesbians is between ages 14-16.[3,12] Thus, awareness of a homosexual identity occurs early in life and usually is well-formulated by the college-age years.[4]

Homosexuality describes an aspect of oneself that many, if not most, young people would want to deny. The antihomosexual sentiment and homophobic fears in society, which have arisen from myths and stereotypes concerning what it is to be homosexual, is sufficiently widespread to create considerable anxiety in anyone who though they might have such a sexual preference. Maylon[3] has said about society,

> *"Homophobic beliefs and attitudes have become codified. Their influence is seen in law, social policies, religious beliefs, child-rearing practices, and educational curricula . . . that is, antihomosexual bias has become an intrinsic aspect of the socialization process and, in this way, has a critical impact on epigenesis."*

Adolescence is typically characterized by the emotional withdrawal from parental figures with a concurrent strong attachment to peers and the need for peer acceptance.[13] Yet, many gay and lesbian adolescents have observed the castigation and ostracism of peers perceived as different, have listened to the innumerable jokes, or have actually witnessed the physical abuse experienced by some gay adolescents.[14] It is not surprising that perceiving oneself as a member of a disliked minority with an inferior sexual orientation would cause an adolescent to develop significant intrapsychic conflict and a negative self-concept.

The prejudice gay and lesbian youth experience take their toll in relation to social, mental, and physical harm. Homosexual adolescents are raised in an environment of culturally sanctioned antihomosexual biases. Often the result for young gay and lesbian youths is an "internalized homophobia."[15] They may perceive themselves as inferior, second class citizens who may develop overt self-hatred. They may react to such self-hatred by abusing substances or acting out in other self-destructive ways such as sexual promiscuity or poor school work. Roesler and Deisher[8] reported that 40% of their sample of homosexual adolescents had consulted a psychiatrist at least on one occasion and 31% had attempted suicide. In a small study of homosexual and bisexual adolescents, Remafedi[16,17] found 72% had consulted mental health professionals, 58% regularly abused substances, 48% had run away from home, 34% had attempted suicide, and 31% had a previous psychiatric hospitalization. Furthermore, the adolescents reported strong negative attitudes from their parents (43%) and friends (41%), verbal abuse from peers (55%), and physical assaults (30%). Preliminary data from clinicians also suggest suicide attempts may be much more common among adolescent homosexuals than in the general adolescent population.[18]

The physical health risk not mentioned above which is of extreme concern for homosexual adolescents is the development of sexually transmitted diseases (STDs), especially development of AIDS. This concern is primarily for gay males since lesbians have the lowest STD rates of any group. The aforementioned study by Remafedi[16,17] found that the mean annual number of

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sexual partners for gay males was seven, with one-third of those encounters with anonymous partners in such places as gay bars and other public places. Furthermore, one-half of respondents had heterosexual experiences during the previous year which averaged 5.6 different female partners. More than 1,200 confirmed cases of AIDS have occurred among individuals ages 13-21, and 47% of these cases were attributed to homosexual or bisexual transmission and another 7% to the dual risk factors of high-risk homosexual activity and intravenous drug abuse.[19,20]

The spectrum of negative biases leveled against homosexuals result in a significant minority of gay adolescents at higher than average risk of developing social, emotional, and physical problems. Thus, these students seem to be among the students most likely to benefit from support by school counselors. Furthermore, teachers are likely to refer students having problems to the school counselor for assistance. Yet, counselors' attitudes toward homosexuality may influence their effectiveness in working with homosexual students.

Rudolph[21] reviewed literature on counselors' attitudes toward homosexuality. His literature review, primarily during the 1970s, indicated gay clients often were dissatisfied with counseling experiences primarily because of negative, prejudicial attitudes toward homosexuals. A more recent study by Rudolph,[22] of 52 counselors enrolled as graduate students, found that typically one-third to one-fourth of counselors had concerns about homosexuals as measured by six dimensions of beliefs about homosexuality. However, Rudolph went on to say that further research on this issue is needed using a larger and more demographically representative sample.

This study assessed a nationwide sample of school counselors' perceptions of adolescent homosexuality and their experiences in working with this population, since school counselors are perceived as playing a major role in assisting students who may need guidance. The following questions were examined: 1) Have school counselors assisted adolescent homosexuals? 2) How did they find out about these students? 3) How were the students assisted? 4) How competent do school counselors feel they are in assisting adolescent homosexuals? 5) What do they perceive as their role in dealing with this population? 6) Where have school counselors received most of their information regarding homosexuality? 7) What are the perceptions of school counselors regarding adolescent homosexuality? 8) Do the perceptions of school counselors vary by age, gender, education, and number of years as a counselor?

METHODS

Participants

A random sample of 500 secondary school counselors was drawn from the membership of the American School Counselor Association (ASCA) to complete an anonymous and confidential questionnaire concerning their perceptions of adolescent homosexuality. Only secondary school counselors were used for the study because they are the counselors most likely to deal with homosexual students. Secondary school counselors were considered to be school counselors who counseled students in the junior high school and/or high school grades.

The ASCA membership is estimated to be almost 10,000 members. It is comprised of 74% females and 26% males. The education levels of the membership are 74% master's degrees, 8% education specialist degree, 10% doctoral level, and 8% are bachelor's degree level counselors. Ages of ASCA members were not available. Most U.S. school counselors are not ASCA members.

Instrumentation

A 32-item questionnaire was developed based on a comprehensive literature review on adolescent homosexuality. The instrument consisted of the following six demographic items: age, gender, education, number of years as a counselor, grade levels counseled, and their sexual orientation. Also included in the questionnaire were six background questions: personal experience in encountering students with a homosexual orientation, how they found out about those students, how students were assisted, perceived role of school counselors in working with adolescent homosexual students, their perceived competence in dealing with the issue, and where they received most of their information on this topic. The remaining 20 items assessed the counselors' beliefs regarding adolescent homosexuality. Responses to most items were obtained with seven-point, Likert-type scales (very important to not important, or strongly agree to strongly disagree).

The questionnaire, a cover letter explaining the purpose of the study, and a prestamped, self-addressed envelope were sent to the 500 counselors during winter 1991. A second mailing of the instrument with another prestamped, self-addressed envelope was sent to all respondents two weeks after the initial mailing to maximize the response rate.

Internal consistency reliability was calculated for the instrument using Cronbach's alpha and the coefficient was .76. Such a level of reliability was considered good given the wide variety of topics being assessed on the questionnaire. A sample of 21 high school counselors attending graduate school was given the questionnaire twice (one week apart) to estimate stability reliability. The correlation for stability reliability for the entire instrument was calculated to be .84.

Statistical methods employed to analyze the data included descriptive statistics, chi-square analysis for nominal variables, F-tests, and multivariate analysis of variance (MANOVA) for continuous variables. If the MANOVA was significant then univariate F-tests were run to identify specific items that were significant. The SPSSX statistical package was used.[23]

RESULTS

Demographics

A total of 310 counselors responded (62%); however, nine respondents were elementary school counselors and 12 participants returned notes explaining they were retired or had been administrators for several years. Thus, 21 respondents were eliminated from the final data analysis. The remaining analyses were completed on the 289 counselors, which consisted of 112 male respondents (39%) and 176 females (61%). Ages

 4366

of participants ranged from 26-69 years with no significant difference in ages between males (M = 45.4 years, SD = 8.1) and females (M = 45.6 years. SD = 8.1). Most respondents (71%) had master's degrees, 20% had education specialist degrees, 7% had doctoral degrees, and 2% were at the bachelor's degree level. The number of years the respondents had been a school counselor varied from 1-33 years (M = 12.3 year, SD = 7.9). The number of years as a school counselor did not vary by respondents' gender. Finally, almost all respondents (97%) claimed they were heterosexual and 3% claimed they were either homosexual or bisexual. The demographics of respondents were very similar to the demographics of ASCA membership.

Professional Issues Related to Adolescent Homosexuality

Counselors were asked to estimate how many students at their schools were homosexual. Almost two-thirds thought that 1% to 5% of students were gay (Table 1), whereas about one in six thought there were no gay students in their school. Most counselors (70%) believed it was the school counselors' role to counsel homosexual students only if the student requested it. Yet, 71% claimed they had counseled a homosexual student. Chi-square analysis indicated counselors were significantly more likely to counsel homosexual males than homosexual females. However, 74% counseled two or fewer homosexual males and one or no homosexual females. Only 4% had counseled 10 or more gay students of either gender.

When asked how the counselor found out about the homosexual student, 58% claimed the students came to them (Table 1). Yet, one in four counselors claimed they personally saw the student as needing assistance and sought to help the student. Counselors claimed they assisted the students primarily by helping the students in dealing with their friends (81%) and family (79%). When the counselors were asked to rate (on a 10-point scale) how competent they were, 25% thought they were very competent and 20% believed they were not very competent.

While one in five found counseling homosexual students gratifying, almost one in five reported that counseling a homosexual student about gay issues would not be professionally gratifying. A Pearson correlation coefficient was calculated between perceived degree of competence and professional gratification and the two were found to be significantly correlated ($r = .79$, $p < .01$). In addition, 41% believed schools are not doing enough to help homosexual adolescents adjust to their school environment. In part, this response probably explains why 44% of the counselors believed the American School Counselors Association should take a strong stand supporting the rights and needs of homosexual students.

The counselors were asked to identify their leading source of information on homosexuality by checking all sources that applied from a list of seven sources and the category "other." The three leading sources of information for respondents were professional journals (81%), mass media (44%), and workshops/professional conferences (40%). Three more sources were used by about one-third of counselors: textbooks (37%), on-the-job training (34%), and college classes (31%). In-service programs were least likely (16%) to be identified as a leading source of information on homosexuality. Another 17% of the counselors cited "other" sources of information.

Etiology and Criteria For Establishing Adolescent Homosexuality

To assess the knowledge of school counselors regarding the etiology and criteria for establishing adolescent homosexuality, seven commonly believed causes of homosexuality were listed as well as seven

Table 1
Counselors' Perceptions of Professional Issues Related to Adolescent Homosexuality

Item	%
What percent of adolescent students in your school do you think are homosexual?	
none (0%)	16
1%-5%	63
6%-10%	19
11%-30%	2
Do you believe it is the role of school counselors to counsel students who have a homosexual orientation?	
yes, always	27
yes, only if requested	70
no	3
Have you ever professionally dealt with a student who had a homosexual orientation? (yes)	71
how many dealt with males	60
how many dealt with females	39
How did you find out about the student(s) with a homosexual orientation?	
referred by classroom teacher	18
student came to me	58
personally saw student as needing assistance	25
a fellow student came to me who was worried about their friend	23
the parents of the student contacted me	8
How was the homosexual student assisted?	
referred to parents	4
referred to social worker/clinical psychologist	19
referred to psychiatrist/other physician	8
referred to support group gay/lesbian youths	19
I personally worked with the student	59
What is the role of a counselor in helping a student with a homosexual orientation?	
assist them in dealing with family	79
assist them in dealing with friends	81
assist them in finding support for their lifestyle	83
help change their sexual orientation to heterosexuality	5
help them accept their homosexual orientation	64
How competent do you feel you are in assisting students with a homosexual orientation? (0 = not competent to 10 = very competent)	
very competent (8-10)	25
moderately competent (4-7)	55
not very competent (0-3)	20
Counseling homosexual students about gay issues would be (is) professionally gratifying.	
strongly agree (7 or 6)	21
neutral (5-3)	60
strongly disagree (2 or 1)	19
Schools are not doing enough to help homosexual adolescents adjust to their school environment.	
strongly agree (7 or 6)	41
neutral (5-3)	49
strongly disagree (2 or 1)	10
The American School Counselors Association should take a strong stand supporting the rights and needs of homosexual students.	
strongly agree (7 or 6)	44
neutral (5-3)	44
strongly disagree (2 or 1)	12

*(Strongly Agree = 7 or 6 on a 7-point scale)
N = 289

experiences which could be thought to indicate that a person is homosexual (Table 2). Most counselors did not select any of the possible seven choices. The most commonly believed causes of homosexuality were "a chosen lifestyle" (39%) and the belief that gays were "sexually abused as a child" (26%). The counselors were least likely to believe that the etiology of homosexuality is due to "no heterosexual options" (9%).

In relation to what might indicate a person was homosexual, 77% believed a good indicator would be if the student had an on-going intimate relationship with a member of the same gender (Table 2). Almost half (48%) believed adolescents who had romantic attractions for members of the same gender were likely to be homosexual. The counselors were least likely (5%) to believe that one sexual experience with a member of the same gender was indicative of homosexuality.

Table 2
Etiology and Criteria For Establishing Adolescent Homosexuality (%)

Item	Very Important	Not Important
Causes of homosexuality		
Chosen lifestyle	39	15
Sexually abused as a child	26	19
Hormone imbalance	22	31
Heredity	20	40
Parental upbringing	20	21
Negative heterosexual experiences	17	26
No heterosexual options	9	46
Criteria for establishing homosexuality		
Student has one on-going intimate relationship with a member of the same gender	77	2
Has romantic attractions for members of the same gender	48	6
Majority of sexual fantasies are of the same gender	33	18
Student claims to be homosexual even though he/she has not been sexually involved	21	11
Student has a number of friends known to be homosexual	16	28
Student exhibits stereotypical homosexual behaviors	12	32
One sexual experience with a member of the same gender	5	63

*(Very Important = 7 or 6 to Not Important = 1 or 2)
N = 289

Table 3
General Perceptions Regarding Adolescent Homosexuality (%)

Item	Strongly* Agree	Strongly Disagree
Homosexuality is becoming more prevalent in the adolescent population	8	30
Most homosexual students are satisfied with their sexual orientation	10	25
Homosexual adolescents with opportunity to experience positive heterosexual relationships are likely to change their sexual orientation	2	58
Homosexuality is offensive to God and therefore, offensive to me	7	80
A homosexual lifestyle is not a healthy lifestyle	16	44
Students are very degrading toward fellow students whom they discover are homosexual	54	4
Teachers seem to exhibit significant prejudice towards homosexual students	26	16
Homosexual students are more likely than most students to abuse drugs	8	44
Homosexual students are more likely than most students to attempt suicide	31	15
Homosexual students are more likely than most students to feel isolated and rejected	67	3
Homosexuals experience a more intense sex drive than do heterosexuals	2	71
Homosexuals do not like members of the opposite sex	4	85
Male homosexual students are more likely than most students to be found in the creative and performing professions	13	30

*(Strongly Agree = 7 or 6 to Strongly Disagree = 1 or 2)
N = 289

General Perceptions Regarding Adolescent Homosexuality

The authors sought to assess general perceptions of school counselors regarding homosexuality by assessing their beliefs about 13 items (Table 3). The major focus for most of these questions were one of perceived increased health (mental, physical and social) risks to adolescent homosexuals. One-fourth to two-thirds of the counselors believed homosexual students are more likely than most students to feel isolated and rejected (67%), that fellow students are degrading when they discover a peer is gay (54%), that gay students are more likely than most students to attempt suicide (31%), and that teachers seem to exhibit significant prejudice toward homosexual students (26%). However, they did not perceive homosexual students as more likely than most students to abuse drugs (8%).

School counselors were less likely to report that homosexuality is offensive to them (7%), to perceive that homosexuality is becoming more prevalent in the adolescent population (8%), and perceive that a homosexual lifestyle is not a healthy lifestyle (16%, (Table 3). Not more than one-in-eight counselors was likely to support any of the other perceptions regarding homosexuality.

Background Factors on Perceptions Regarding Adolescent Homosexuality

Finally, multivariate analyses of variance (MANOVAs) were calculated for all variables on the questionnaire (minus nominal data) by gender, age, education level, and number of years the respondent had been a counselor. Separate chi-squares were calculated for nominal data. No significant differences were found by gender or education level of the counselors. Significant differences were found for age of respondents (age was divided into three categories: 26-39 years, 40-50 years, and 51-69 years), and for number of years as a counselor (years as a counselor was divided into three categories: 1-9 years, 10-19 years, and 20-33 years). Obviously, the age of a counselor correlates highly with the number of years a person has been a school counselor. Thus, it was not surprising to find that the eight items that were significantly different based on chronological age were the same eight items that were significantly different based on the number of years the respondent had been a school counselor (Table 4).

The older the respondents and the longer they had been school counselors, the more likely they were to: have counseled both male and female homosexual stu-

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dents, believe it is always the role of school counselors to counsel homosexual adolescents, were more likely to personally see the homosexual student as needing assistance, to have a fellow student report their friend to the counselor, and to have the student voluntarily come to them. Also, the older the respondent and the longer they had been a counselor, the more likely they were to refer the homosexual adolescent to a psychiatrist or other physician and support groups for gay/lesbian youth, and they were more likely to have received their information on homosexuality from workshops/professional conferences and were less likely to have received information from textbooks and college classes. Whereas, respondents who were young and had been school counselors for shorter periods of time were more likely to believe fellow students are degrading toward their homosexual peers, and less likely to believe homosexuals do not like members of the other gender or that homosexuals experience a more intense sex drive than do heterosexuals.

DISCUSSION

When working with this population, school counselors and other school personnel should be open minded and competent in dealing with homosexual issues. The first step toward this goal involves admitting the presence of homosexuals attending high schools, yet 16% of school counselors surveyed indicated there were no homosexuals in their schools, and 63% believed that not more than 1% to 5% of their student body were homosexual. In reality, Sladken[1] reports the incidence of adolescent homosexuality is as high as 10%. Also, only 25% of respondents felt "very competent" in assisting gay and lesbian students. Many of the school counselors also "strongly agreed" that schools were not doing enough to help adolescent homosexuals adjust to their school environment (41%), and that the American School Counselors Association should take a stronger stand supporting the needs of this student population (44%).

Table 4
Differences in Counselors' Perceptions of and Work with Adolescent Homosexuals by Number of Years as a Counselor (%)

Item	Years as Counselor 1-9	10-19	20-33
Do you believe it is the role of school counselors to counsel students who have a homosexual orientation?			
Yes, always	25	23	38
Yes, only if requested	73	72	58
No	2	5	4
Have you ever professionally dealt with a student who had a homosexual orientation? (Yes)	61	80	77
how many dealt with males	55	68	62
how many dealt with females	30	49	41
How did you find out about the student(s) with a homosexual orientation?			
student came to me	44	69	70
personally saw student as needing assistance	21	25	38
a fellow student came to me who was worried about their friend	15	27	34
How was the homosexual student assisted?			
referred to psychiatrist/other physician	3	13	11
referred to support group (gay/lesbian youths)	14	17	34
Leading sources of information on homosexuality?			
college classes	42	25	21
textbooks	56	25	36
workshops/professional conferences	33	48	59
Students are very degrading toward fellow students whom they discover are homosexual (strongly agree)*	52	60	45
Homosexuals do not like members of the opposite sex (strongly disagree)*	94	79	76
Homosexuals experience a more intense sex drive than do heterosexuals. (strongly disagree)*	77	72	56

Counselors 1- 9 years N = 110
Counselors 10-19 years N = 106
Counselors 20-33 years N = 52
"Strongly agree = 7 or 6 on 7 point scale. Strongly disagree = 1 or 2
All significant items correspond to chi square tests for nominal variables and F-tests for continuous variables

The research supports, and it is important for all school personnel to understand, that adolescent homosexuals are at "high risk" for some negative behaviors such as suicide and drug abuse.[15,16] In this study, however, only a small percentage of respondents strongly agreed that homosexual students are more likely than most students to abuse drugs (8%) and attempt suicide (31%). If counselors and other school personnel do not know adolescent homosexuals are at risk for these behaviors, they might not focus on the signs and symptoms of drug abuse and suicide in this population.

One contributing factor for being at risk for drug abuse and suicide is that adolescent homosexuals may feel rejected by their peers. For example, more than half (54%) of the school counselors surveyed strongly agreed that students are very degrading toward fellow students whom they discover are homosexual, and more than two-thirds (67%) strongly agreed that homosexual students are more likely than most students to feel isolated and rejected. In addition, 26% of respondents strongly agreed that teachers seem to exhibit significant prejudice toward homosexual students.

Since no documented criteria exist which can unequivocally establish whether or not a student is homosexual, it was encouraging to find that most school counselors selected only one of the possible seven choices as an indicator of adolescent homosexuality. It would be useful if researchers in the field of adolescent homosexuality could identify specific criteria which would have sufficient sensitivity and specificity to accurately establish the presence or absence of homosexuality in young people. Until such time as criteria are established for identifying adolescent homosexuals then all possible indicators of such a sexual orientation must remain suspect.

When comparing the number of years as a counselor and the age of the respondents, it was encouraging to find that the older and more experienced school counselors had counseled more homosexual students by personally seeing that they needed assistance. Perhaps this finding means that with more experience, counselors become more perceptive to the needs of adolescent homosexuals.

It also was encouraging that more of the younger and less experienced counselors reported receiving more training in the area of adolescent homosexuality from their college classes and textbooks. This finding was reinforced by the difference in perception between younger and older respondents in regard to the myth

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that homosexuals do not like members of the other gender (Table 4). Perhaps today's counselor preparation programs are including more information on this topic, and are dispelling some of the myths surrounding adolescent human sexuality.

Some other encouraging findings emerged from the survey. For example, most counselors have worked with a student with a homosexual orientation (71%). This finding suggests that some homosexual students feel comfortable confiding in their school counselor. Most counselors reported it was their role to help homosexual students deal with their friends (81%) and family (79%). This response is important because friends and family support are needed throughout adolescence. Lastly, 80% of respondents strongly disagreed that homosexuality is offensive to God and therefore offensive to them. Yet, it should be noted that many of the counselors could still hold the belief that homosexuality is offensive to them for reasons other than religion.

A comprehensive literature review failed to find other studies which specifically examined school counselors and their perceptions of adolescent homosexuality. The work by Rudolph reported perceptions of counselors based on mean sub-scale scores, but absence of reported specific item analysis precludes the ability to compare the results of this study with the Rudolph study.[21]

CONCLUSION

This study supported the idea that all school personnel should be aware of the needs of this "high risk" population. The following recommendations may be helpful. First, professional preparation of school counselors and especially younger counselors, and health teachers, should include more information about adolescent homosexuality. Second, school districts could provide in-service training about homosexual issues so teachers and counselors become more sensitive to the needs of this student population. Third, school counselors need more professional literature directed toward them concerning this topic. Fourth, school districts may want to provide support groups for adolescent homosexuals. School counselors, health teachers, or school nurses could facilitate these groups. Fifth, school counselors may need to work with health teachers and school nurses to present this issue in a non-threatening way in health classes so stereotypes and information about homosexuality can be openly discussed. Lastly, this study should be repeated with school administrators, teachers, and school nurses regarding their perceptions of adolescent homosexuals. Only with a comprehensive perspective of the perceptions of all school personnel regarding adolescent homosexuality can the negative environment that exists in some schools regarding this population be minimized.

Finally, study limitations should be noted. First, based on the 62% return rate, one must consider that a nonresponse bias exists, thereby posing a threat to external validity. It is likely that the counselors who were least likely to respond to the questionnaire were counselors with the most negative attitudes toward homosexuality. Second, because the data collected were all self-report concerning sensitive issues, it is likely that socially desirable responses were elicited from a minority of respondents. Thus, care should be taken in attempting to generalize these findings to all secondary school counselors. ■

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Verbal and Physical Abuse as Stressors in the Lives of Lesbian, Gay Male, and Bisexual Youths: Associations With School Problems, Running Away, Substance Abuse, Prostitution, and Suicide

Ritch C. Savin-Williams

A common theme identified in empirical studies and clinical reports of lesbian, gay male, and bisexual youths is the chronic stress that is created by the verbal and physical abuse they receive from peers and adults. This article reviews the verbal and physical abuse that threatens the well-being and physical survival of lesbian, gay male, and bisexual youths. This response to gay male, lesbian, and bisexual adolescents by significant others in their environment is often associated with several problematic outcomes, including school-related problems, running away from home, conflict with the law, substance abuse, prostitution, and suicide. Although the causal link between these stressors and outcomes has not been scientifically established, there is suggestive evidence that these outcomes are consequences of verbal and physical harassment.

Despite the increasing public visibility of homosexuality and bisexuality in North American culture, the prevailing assumption among clinicians and researchers is that homoerotic attractions and desires are the province solely of adulthood and not of childhood and adolescence. This misunderstanding and the ensuing clinical and empirical silence and neglect are particularly consequential because lesbian, gay male, and bisexual youths are disproportionately at risk for stressors that are injurious to themselves and others. In some cases, the threat for youths is not merely their mental health but their very lives.

A "fact sheet" published by the Center for Population Options (1992) summarized these difficulties.

> Lesbian, gay and bisexual adolescents face tremendous challenges to growing up physically and mentally healthy in a culture that is almost uniformly anti-homosexual. Often, these youth face an increased risk of medical and psychosocial problems, caused not by their sexual orientation, but by society's extremely negative reaction to it. Gay, lesbian and bisexual youth face rejection, isolation, verbal harassment and physical violence at home, in school and in religious institutions. Responding to these pressures, many lesbian, gay and bisexual young people engage in an array of risky behaviors. (p. 1)

In a seminal article, Martin and Hetrick (1988) reviewed the major stressors in the lives of lesbian, gay male, and bisexual youths who sought the services of the Hetrick-Martin Institute (HMI) in New York City.[1] The lesbian, gay male, and bisexual youths, most of whom are also an ethnic minority in North American culture, often felt discredited and isolated from peers, family members, and religious, educational, and social institutions. Many believed that they must remain hidden and invisible; their lives had to be compartmentalized into the public versus the private. One fear of many youths was that family members and peers would discover their "deviant sexuality" and react in such a way that the youths would be expelled from the home or face violence.

Gay male, lesbian, and bisexual youths experience unique stressors in their lives that are directly related to their sexual behavior and identity. This is evident from early empirical studies of lesbian youths. For example, the major problems reported by 60 gay and bisexual male youths ages 16 to 22 years, were their perceived need to keep their homosexuality a secret and their belief that they were rejected by mainstream society because of their sexual behavior and identity (Roesler & Deisher, 1972). According to Rotheram-Borus, Rosario, and Koopman (1991, p. 191), gay and bisexual youths often feel vulnerable because of "issues of disclosing or being discovered by family or friends, reactions by others to their homosexuality, and chronic stress associated with their homosexuality." Their empirical investigation, conducted with HMI African-American and Hispanic gay and bisexual male youths, reported that the most stressful events the youths faced were "coming out" to others, having their sexual orientation discovered by others, and being ridiculed because of their homosexuality. The youths felt that they had little control over the reactions of others: Would they be rejected or neglected? Ridiculed or assaulted? Raped or sexually abused? The stresses caused by coming out to others and being discovered as gay have been extensively covered in other publications (see review in Savin-Williams & Lenhart, 1990). In

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[1] The Hetrick-Martin Institute is a New York City community agency that provides educational and social services to sexual-minority youths ages 12 to 21 years. The Institute, which became a full social service agency in 1983, also help found and staff the Harvey Milk School, a public alternative school for New York City youths.

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the present article, research that addresses verbal and physical abuse and associated outcomes is reviewed, focusing exclusively on investigations conducted with samples of bisexual, lesbian, and gay male youths.

From a traditional scientific perspective, many of these studies are methodologically flawed. They include only a very small number of nonrepresentative lesbian, bisexual, and gay male youths. The vast majority of youths who will eventually identify themselves as lesbian, bisexual, or gay seldom embrace this socially ostracized label during adolescence and thus would never participate in scientific research. Those who do are often in an urban youth-serving agency, come into contact with the legal system, or are members of college campus organizations. At best, the research reported in this article samples a nonrepresentative (e.g., urban, help-seeking, college activists) fraction of an unusual (out to themselves and to others) section of the gay male, bisexual, and lesbian youth population. In addition, measures and procedures in published studies are often not adequately described and the validity and reliability of the instruments are usually unknown. Few studies considered for this review were published in peer-refereed, "rigorous" (i.e., low acceptance rate) journals; most were published as book chapters, conference articles, and invited articles for trade journals.[2] Thus, it is difficult to evaluate their scientific merit. The approach taken in the current review is to include all available data, to note when they converge, and to offer tentative conclusions—fully aware that subsequent research may well present a different perspective on the issues addressed in this review.

Because lesbian, gay male, and bisexual youths who are visible and willing to participate in research studies are often those who are suffering most—physically, psychologically, and socially—clinicians and researchers may unduly present all such youths as weak, vulnerable adolescents who are running away from home, prostituting themselves, abusing drugs, and killing themselves. In actuality, the vast majority of gay male, bisexual, and lesbian youths cope with their daily, chronic stressors to become healthy individuals who make significant contributions to their culture.[3] This article and the research it highlights must be balanced by research that focuses on the strengths, coping skills, and successes of lesbian, bisexual, and gay male youths.

The majority of empirical research conducted to date addresses the problems faced by gay and bisexual male youths and not those faced by lesbian and bisexual female youths. This literature fundamentally reflects the male bias of scientific research. In addition, research indicates that gay and bisexual male teenagers are more likely than lesbian and bisexual female teenagers to externalize their stress, thus increasing their visibility, and that female teenagers face their sexual identity crises later, after adolescence (see Savin-Williams, 1990). The latter finding suggests that it is more difficult to recruit lesbian than gay male adolescents for research purposes because there are fewer female lesbian and bisexual youths who have identified their sexual identity to themselves and to others. One approach to overcome this deficit would be to use adult lesbians and bisexual women's retrospective reports on growing up attracted to other women. There are, however, questionable assumptions regarding the use of retrospective data for highly charged emotional research issues (Boxer, Cohler, Herdt, & Irvin, 1993). Even if problems of retrospective bias could be overcome, the pace of change in North American culture for lesbian, gay male, and bisexual youths has been so rapid that it is unlikely that the adolescent experiences of adult lesbian and bisexual women are particularly applicable for today's generation of lesbian and bisexual female adolescents. It is for these reasons that this article only reviews data from the lives of lesbian, bisexual, and gay male youths growing up in North America during the past decade (for cross-cultural reports, see Herdt, 1989).

One common theme identified in empirical studies and clinical reports of lesbian, gay male, and bisexual youths is the chronic stress that is often created by peers and family members through their verbal and physical abuse of lesbian, bisexual, and gay male adolescents. In the following sections, the harassment and abuse that threaten gay male, lesbian, or bisexual youth's well-being are reviewed. This response from peers and adults is often associated with several problematic outcomes, such as school-related problems, running away from home, conflict with the law, substance abuse, prostitution, and suicide. The causal link between these stressors and outcomes has not been scientifically established.

Verbal and Physical Abuse and Harassment as Stressors

Significant numbers of lesbian, gay male, and bisexual youths report that they have been verbally and physically assaulted, robbed, raped, or sexually abused by family members and peers (DeStefano, 1988; Martin & Hetrick, 1988; National Gay and Lesbian Task Force, 1982; Remafedi, 1987a, 1987b; Rotheram-Borus et al., 1991). A review of violence inflicted on gay men and lesbians on college campuses revealed that 55% to 72% of those sampled reported verbal or physical abuse (D'Augelli, 1992). The incidence of physical threats of violence reached 25% in several surveys. The most frequent abusers (64%) in D'Augelli's sample of 160 college lesbians and gay men were fellow students and roommates. In 23% of reported incidents, the abusers were faculty, staff, and administrators.

In studies conducted with ethnic-minority youths seeking the services of the HMI, one half reported being ridiculed because of their homosexuality (Rosario, Rotheram-Borus, & Reid, 1992), and 46% had experienced violent physical attacks because of their sexual identity (Hunter & Schaecher, 1990). A survey of the Los Angeles County school system found that the high prevalence of antigay abuse inflicted by classmates was apparently premeditated, rather than a chance occurrence, and that the incidence is escalating dramatically (Peterson, 1989). The most frequent abusers were fellow teenagers. These data

[2] It is unclear whether the research is insufficiently meritorious to make the pages of "prestigious" journals or if those journals have covertly or overtly "dis-invited" publication of data on sexual-minority youths. It is often my impression that the principal investigators are less committed to publishing their data in institutionally "correct" journals than to making their data available as soon as possible to those most likely to assist the well-being of sexual-minority youths. Their agenda is more often socially and politically motivated altruism than it is to professionally enhance themselves.

[3] In other publications, I elaborate these points, illustrating the ways in which gay male, lesbian, and bisexual youths negotiate their lives to become healthy adults (Savin-Williams, 1990).

correspond with the data collected on antigay violence occurring on college campuses (D'Augelli, 1992).

Peer Harassment

Several studies of lesbian, gay male, and bisexual youths have documented the importance of peers in their lives. For example, among 61 gay and bisexual male college students, 57% reported that the most important person in their life was a gay or lesbian friend (D'Augelli, 1991). By contrast, 15% replied "parents" and 25%, "straight friends." In a study of over 300 lesbian, bisexual, and gay male youths between the ages of 14 and 23 years (Savin-Williams, 1990), youths reported that the most important aspect of their sense of self was having friends of the same sex. For lesbians, relations with parents trailed after female friends, career, academic success, and a love relationship; for gay male youths, relations with parents trailed after all the aforementioned aspects, physical attractiveness, and a social life.

Peer relations can, however, be a source of dissatisfaction and distress. On the basis of intake interviews and records of individual and group counseling of the first 2,000 sexual-minority youths between the ages of 12 and 21 years who either called or visited the HMI, one of the most difficult issues noted by the youths was social isolation (Martin & Hetrick, 1988). Over 95% of the teenagers reported that they frequently felt separated and emotionally isolated from their peers because of their feelings of differentness. Over one half of the gay and bisexual male HMI adolescents had been ridiculed because of their sexuality, usually by peers (Rotheram-Borus et al., 1991). Most abused were youths who failed to incorporate cultural ideals of gender-appropriate behaviors and roles. The rules of socially appropriate behavior and the consequences of nonconformity were known implicitly by most youths.

Other studies support these findings. Thirty percent of Remafedi's (1987b) 29 gay and bisexual male youths were victims of physical assaults, one half of which occurred on school property. Over one half reported regular verbal abuse from classmates, and 40% had lost a friend because of their homosexuality. White male college students in a conservative community feared being verbally and physically harassed; as a result, they were significantly less open about their homosexuality (D'Augelli, 1991). In Sears' (1991) study, 97% of the 36 lesbian, bisexual, and gay male Southern youths recalled negative attitudes by classmates and over one half feared being harassed, especially if they came out in high school. Only two found a peer group that was supportive of lesbian and gay people. Therefore, most passed as heterosexual until graduation.

In D'Augelli's (1992) review, the response to actual harassment or the fear of it among 70% to 80% of the lesbian and gay male college students was to remain hidden. They avoided situations and people that might implicate them as being lesbian or gay. Few (7%) reported the harassment to authorities, and nearly all (94%) expected to be harassed in the future. In a more detailed study, D'Augelli (1991) reported that the primary fear of the gay male college students (mean age, 21 years) was being rejected by parents. Following closely were the fears of being verbally abused and physically harmed because of their sexual orientation. Those less open had more fears, and those who dreaded physical harassment had lower life satisfaction scores.

Adult Harassment

Violence against lesbian, gay male, and bisexual youths often takes place in the home and neighborhood, perpetuated not only by peers but also by adults, including family members. After coming out to their family or being discovered as gay, many youths are "rejected, mistreated, or become the focus of the family's dysfunction" (Gonsiorek, 1988, p. 116). Youths fear retribution more from fathers than from mothers (D'Augelli, 1991). In a study of over 200 lesbian, gay male, and bisexual youths in Chicago (40% White, 30% Black, 12% Hispanic), relations with the mother were significantly better than with the father (Boxer, Cook, & Herdt, 1991). As a result, youths disclosed their sexual orientation earlier and more often to mothers than to fathers (see also Savin-Williams, 1990); many intensely feared their father's reactions to their sexual identity. Indeed, nearly 10% who disclosed to their fathers were kicked out of their home (Boxer et al., 1991).

The harassment may be more harmful than verbal abuse and may lead to physical assaults, including sexual abuse and rape. Martin and Hetrick (1988) found that problems within the family was the second most common presenting complaint of the HMI youths they interviewed, ranging "from feelings of isolation and alienation that result from fear that the family will discover the adolescent's homosexuality, to actual violence and expulsion from the home" (p. 174). Among the HMI lesbian, gay male, and bisexual youths, nearly one half who had suffered violence because of their sexuality reported that it was perpetuated by a family member (Martin & Hetrick, 1988). Others were abused in institutions such as foster homes, detention centers, and churches. Not infrequently, youths blamed themselves because they felt they must have seduced the adult or did not say "no" convincingly enough. In a later survey of 500 HMI youths—primarily male, Black, or Latino and with a mean age of 16.8 years—Hunter (1990) reported that 40% experienced violent physical attacks from adults or peers. Of the gay-related violence, 61% occurred in the family. Data from studies of male prostitutes, runaways, and homeless youths (discussed later) confirm this home-based violence.

Physical violence in the home may also include sexual abuse. The incidence of sexual abuse was 22% in Martin and Hetrick's study (1988). Similar to the pattern found among female heterosexuals, most cases of sexual abuse of lesbian and bisexual female youths occurred in the home. Among the male youths, sexual abuse was also most likely to occur in the home, usually by an uncle or older brother, but sometimes by a father. Two of Remafedi's (1987a) 29 male subjects were victims of incest, one was abused by an older brother and the other by his stepfather and eight uncles. Heterosexually oriented sexual abuse appears to occur more frequently among lesbians than among gay men (Pratch, Boxer, & Herdt, 1991).

Summary

Although definitive data suggesting that bisexual, lesbian, and gay male youths are more frequently ridiculed and abused by

peers and family members than are other subpopulations of adolescents are not available, it is clear that these youths face unique harassment because of their sexual behavior and identity. There is sufficient evidence, however, to suggest that the physical and verbal abuse that lesbian, gay male, and bisexual adolescents receive is a source of great stress to them and is detrimental to their mental health.

There are many potential consequences of peer and family harassment. Although research has not yet addressed the sequential, casual pathway between harassment and negative outcomes, the two are clearly associated. In the following section, I discuss some of the negative outcomes that have been associated by researchers and clinicians with the verbal and physical abuse that lesbian, gay male, and bisexual youths experience.

Outcomes Associated with Peer and Adult Harassment

School-Related Problems

Many of the school-related problems experienced by lesbian, gay male, and bisexual youths are in response to the verbal and physical abuse that they receive from peers. Forms of violence range from name calling to "gay bashing" (physical attacks). Because much of this violence occurs in schools, school is too punishing and dangerous for many lesbian, gay male, and bisexual youths to tolerate. Hunter and Schaecher (1990) noted that the consequences of peer harassment include poor school performance, truancy, and dropping out of school. These problems have also been noted by counselors in mainstream schools (Price & Telljohann, 1991; Sears, 1988).

Most of the lesbian, gay male, and bisexual students who attended the gay-sensitive Harvey Milk School in New York City had dropped out of other public schools, largely because of peer harassment (Martin & Hetrick, 1988). Over two thirds of the gay and bisexual male youths in another study (Remafedi, 1987a, 1987b) said they had experienced school-related problems: Nearly 40% were truant, and 28% dropped out of school. These problems were manifested in another study, in which 60% of the gay and bisexual male youths failed a grade (Rotheram-Borus et al., 1991).

Rofes (1989), Peterson (1989), Newton and Risch (1981), and Freiberg (1987) pointed out that schools frequently fail to meet the needs of lesbian, gay male, and bisexual youths or stop the harassment because they fear the repercussions, lack the knowledge or resources, or are simply unaware. Many of the teachers and staff may be bisexual, lesbian, or gay but refuse to offer assistance because they fear that they will be accused of recruiting or converting youth.

In an article addressed to school personnel concerning high school students' attitudes toward homosexuality, Price (1982) concluded, "Adolescents can be very cruel to others who are different, who do not conform to the expectations of the peer group (p. 472)." This assessment echoed Norton's earlier view (1976) that the bisexual, lesbian, or gay male adolescent is "the loneliest person . . . in the typical high school of today (p. 376)." Very little has apparently changed in the last decade.

Runaway and Homeless Youths

There is little empirical verification regarding the percentage of runaways who identify themselves as lesbian, gay, or bisexual or the number of lesbian, gay male, and bisexual yout run away from home. The National Network of Runa Youth Services (1991) reported that 6% of all runaway fied themselves as gay or lesbian. Among 12- to 17-year rican-American and Hispanic male runaways in New Y 6% considered themselves gay or bisexual (Rotheram Meyer-Bahlburg, et al., 1992). According to the U.S. Accounting Office (1989), 2% to 3% of homeless and youths who sought services or assistance were reported ter staff to be lesbian, gay male, and bisexual youths. group, street youths who make money from prostituti not counted in this 2%-to-3% range. As I note later, these youths are likely to be gay male, lesbian, and teenagers.

These percentages are probably a gross underestima cause few youths are likely to tell authorities and staff ual identity. Indeed, investigations of runaways in sp cales have revealed that a much larger percentage of and homeless youths are gay, lesbian, or bisexual (Rc 1989; Yates, MacKenzie, Pennbridge, & Cohen, 1988) ample, 40% of street youths in Seattle (Orion Center, 30% of the runaway youths in Los Angeles (Peterso cited in Kruks, 1991) identified themselves as lesbian, or gay.

When the directionality of the question is reversed youths are asked if they have ever run away from h percentages are considerably higher. For example, n half of bisexual and gay male youths in one study (R 1987a) had run away at least once; many, repeatedly. the youths seeking the assistance of the Los Angeles Lesbian Community Services Center are runaways a aways (youths thrown out of the home by parents) who arguments and fights with their parents (Brownwort Nearly one quarter are HIV-positive. These are v youths who frequently have good reason to run.

> If you leave home because you've been kicked out for b because you can't cope with the homophobia of your sur and you go to a totally different city, you are alone, isola streets, and very, very vulnerable. (Kruks, as cited in Br 1992, p. 41)

By leaving, they avoid abuse and maintain the fam (Burnison, 1986), but they also face a world that is pr exploit them.

If these youths do not find programs that meet t within 1 or 2 weeks of their arrival on the street, dru tution, pregnancy, criminal activity, and HIV will (Coleman, 1989; Peterson, 1989; Rotheram-Borus et For example, the National Coalition for the Homel estimated that 12% to 20% of all homeless youths are itive. Runaway youths are at very high risk because of whelming concerns about day-to-day survival [that] shadow interest in illness prevention" (Remafedi, 198

Conflict With the Law and Substance Abuse

Research indicates that gay male, lesbian, and youths are at high risk for conflict with the law a substances. One quarter to one half of gay and bise

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youths encounter trouble with the law, largely because of substance abuse, prostitution, truancy, and running away (Remafedi, 1987a; Rotheram-Borus et al., 1991). In the latter study, 23% encountered trouble with the police and 14% had been jailed. Rosario, Hunter, and Rotheram-Borus (1992) found that the male youths they interviewed reported an average of three conduct problems out of 13 listed in the *Diagnostic and Statistical Manual of Mental Disorders* (3rd ed., rev.; *DSM–III–R;* American Psychiatric Association, 1987), sufficient for a diagnosis of conduct disorder. Ninety-two percent of their sample had participated in at least one of the 13 behaviors; this prevalence rate was considerably higher than for comparable surveys of other ethnic-minority youth.

Remafedi (1987a) reported that most of the bisexual and gay male youths he questioned had used illegal drugs, especially alcohol and marijuana; tobacco and nitrate inhalants were used by almost one half of the youths. Nearly 60% were currently abusing substances and met psychiatric criteria for substance abuse. Seventeen percent had been in a chemical dependency treatment program.

These data correspond to the number of ethnic-minority lesbian, gay male, and bisexual youths who had a drug or alcohol problem in New York City (Rosario, Hunter, et al., 1992; Rotheram-Borus et al., 1991; Rotheram-Borus, Rosario, et al., 1992). In a sample of 20 lesbians, mean age of 19 years, all had consumed alcohol and three quarters had used drugs, including 28% who reported cocaine or crack use (Rosario, Rotheram-Borus, et al., 1992). In a sample of 136 HMI gay and bisexual male youths, 77% drank alcohol, 42% smoked marijuana, 25% used cocaine or crack, and 15% took hallucinogens during their lifetime (Rotheram-Borus, Rosario, et al., 1992). The authors noted that substance use was considerably higher for their sample than among national surveys (e.g., National Institute on Drug Abuse, 1991): ". . . the lifetime prevalence rates for our youths are 50% higher for alcohol, three times higher for marijuana and eight times higher for cocaine/crack" (p. 17). This increased substance abuse may be indicative of the high stress that lesbian, bisexual, and gay male youths experience because of their sexual orientation. It may also reflect the reality that for many youths, of both sexes, the bar subculture, with its emphasis on alcohol, has been a main entry into adult lesbian and gay male communities.

Although there is little documentation regarding the reasons bisexual, lesbian, and gay male youths use illegal substances and engage in criminal activity, they abuse drugs and commit crimes for many of the same reasons as do heterosexual youths (e.g., peer pressure and hedonism), as well as for reasons specific to their sexual identity. The latter include attempts to fog an increasing awareness that they are not heterosexual, to defend against the painful realization that being lesbian or gay means a difficult life lies ahead, and to take revenge against parents and society for rejecting them (Hammond, 1986).

Prostitution

Coleman's review (1989) of the empirical and clinical literature on prostitution among male adolescents revealed that the vast majority (at least two thirds) of male prostitutes are gay or bisexual. Some boys are situational prostitutes, and others make a living from prostitution. The professional "call" and "kept" boys frequently work gay male urban areas; they are the most gay-identified, usually with a well-integrated sense of their sexual identity. These youths are often from a middle-class background and are sufficiently physically attractive to support their prostitution business. Below them in status are "street hustlers," "bar boys," and "prison punks" who frequently come from lower socioeconomic backgrounds and are conflicted about their sexual identification.

According to Coleman, many of these boys begin prostituting in their early teenage years. They drop out of school, use drugs and alcohol, and run away from home or are thrown out by the family because of their sexual orientation. Many of their parents are heavy alcohol and drug users. Consistent with their family pattern, 20% to 40% of prostitutes also abuse drugs (including heroin) and alcohol. They run away from home to escape a family situation that is frequently chaotic and where they feel misunderstood, unwanted, and rejected. Over one half said they had been physically abused or raped. At some point in their lives most said they had been coerced into having unwanted sex. One half had been treated for at least one sexually transmitted disease and most were at high risk for HIV infection.

Those who become street hustlers face a difficult life. In Minneapolis, 75% of male street hustler youths are gay, with a history of dropping out of school, substance abuse, homelessness, and running away from home (Freiberg, 1985). They view themselves as "sluts and whores," have low self-esteem, and want to quit hustling but see no other option. In desperate need of money, they feel that they have no choice except to mug others or prostitute themselves. Most left home because they were thrown out by their parents, but they did not thereby escape sexual abuse, violence, and drugs. Among HMI gay and bisexual male youths in New York City, 23% had exchanged money or drugs for sex at some point in their lives (Rotheram-Borus, Rosario, et al., 1992).

Many male street hustlers are victims of rape and exploitation (Groth & Birnbaum, 1979). They face the trauma of male–male rape and the difficulties that gay male youths have in being taken seriously in reporting the crime and garnering support from authorities. They often have feelings of being "less of a man" and experience physical, emotional, and psychological problems. Davis and Leitenberg (1987) concluded in their review of adolescent sex offenders that there is little information when the victim of rape is male.

Data on adolescent female–female rape and young lesbian prostitution are difficult to find, although it is clear that, like many heterosexual women, young lesbians have been sexually abused and raped by men (Rothblum, 1990). Rosario, Rotheram-Borus, et al. (1992) reported that 5 of 20 Hispanic and Black New York City lesbian adolescents had exchanged sex for drugs or money. The rate of prostitution among other samples of lesbian adolescents is unknown.

Many youths report that they became prostitutes to survive and to escape physical, sexual, and emotional abuse in their homes and schools. The money helped them become independent from their families; for some, prostitution was a source of excitement and adventure in an otherwise dreary life. On closer examination, it is also clear that many youths turned to prostitution to meet nonsexual needs, such as to be taken care of, to

receive affection, and for others to help them cope with their homosexuality. Among their fellow prostitutes, they found camaraderie and kinship that substituted for the neglect or rejection they received from their biological families and peers.

Suicide

Suicide among bisexual, gay male, and lesbian youths has received considerable attention during the last several years. A controversy emerged after the publication of the "Report of the Secretary's Task Force on Youth Suicide" and its quick repudiation by the administration of George Bush in response to conservative and religious opposition. According to the report, suicide is the leading cause of death among lesbian, gay male, and bisexual youths, primarily because of the debilitating effects of growing up in a homophobic society. They are two to three times more likely to kill themselves than are heterosexual youths. In fact, they constitute 30% of all adolescent suicides. The author of the report (Gibson, 1989, pp. 3–110) suggested that one of the primary culprits "is a society that discriminates against and stigmatizes homosexuals while failing to recognize that a substantial number of its youth has a gay or lesbian orientation."

The empirical documentation is of one accord: The rate of suicide among gay male, bisexual, and lesbian youths is considerably higher than it is for heterosexual youth. Studies of lesbian, gay male, and bisexual youths report suicide attempts in the 20% to 40% range (Remafedi, 1987a; Remafedi, Farrow, & Deisher, 1991; Roesler & Deisher, 1972; Rotheram-Borus, Hunter, & Rosario, 1992; Schneider, Farberow, & Kruks, 1989). These rates increase for special populations of gay male, bisexual, and lesbian youths: 41% of the girls and 34% of the boys who report being violently assaulted (Hunter, 1990); 53% among homeless and street youths (Kruks, 1991); 41% of those seeking assistance at service agencies (National Gay and Lesbian Task Force, 1982); and adolescents particularly sensitive to feeling rejected by others (Schneider et al., 1989).

Remafedi et al. (1991) studied 137 gay and bisexual male adolescents, ages 14 to 21 years. Most (82%) are White, volunteered for the research project, and resided in Minnesota or Washington. One third had at least one intentional self-destructive act; one half of these youths had multiple attempts. Remafedi et al. noted that, "the gravity of some attempts is reflected in the rate of subsequent hospitalization (21%), the lethality of methods (54%, moderate to high risk), and the victims' inaccessibility to rescue (62%, moderate to least rescuable) (p. 873)." The suicide attempts were frequently linked with sexual milestones, such as self-identification as gay or coming out to others. The most cited reason for attempting suicide was family problems. Summarizing their psychosocial data predicting suicide attempts, Remafedi et al. concluded that "compared with non-attempters, attempters had more feminine gender roles and adopted a bisexual or homosexual identity at younger ages. Attempters were more likely than peers to report sexual abuse, drug abuse, and arrests for misconduct (p. 869)." Unlike previous studies, suicide attempts were not related to running away from home, depression, hopelessness, suicidal ideation, violence, discrimination, or loss of friendship. The attempters came from dysfunctional families, used drugs (85% reported illicit drug use), and acted out in other antisocial behaviors (more than one half had been arrested).

A study of 108 gay college men, primarily White (70%) Latino (15%) and ranging in age from 16 to 24 years, in Angeles was undertaken by Schneider et al. (1989). Over half of the youths reported that they occasionally had sui thoughts, considered suicidal action, formed a suicide pla made a suicide attempt. This group was characterized as ha alcoholism in the family, physical abuse from family mem no religious affiliation, and a perception that those who us supported them rejected their homosexuality. Twenty pe of the total sample reported that they made at least one su attempt; 9% made multiple attempts (2 to 14 times). The gest attempt was at age 12, and one half of the youths rec no treatment after their first attempt. At the time of fi tempt, the youths felt hopeless, worthless, alienated, lonel helpless. Compared with nonsuicidal gay male youths, att ers were significantly younger when they first became aw their homoerotic attractions (8 versus 11 years), first l their feelings but not themselves as homosexual (12 ver years), and first became involved in a same-sex romanti tionship (16 versus 18 years). Although most attempter aware of their same-sex attractions before their first suic tempt, few had reached the point of identifying themse gay, felt positive about their sexual orientation, or had tc ers about their sexual identity. Attempts were most likel cur when an individual was questioning his heterosexu tity or after same-sex sexual activities. Schneider et a cluded that "suicidal behavior in gay youths may be the both of familial factors that predispose youths to suic havior, and of social and intrapersonal stressors invc coming to terms with an emerging homosexual iden 381).

A group of younger (aged 14 to 19 years) and more et diverse gay and bisexual male youths (47% Hispar Black, 11% White, 14% other) from New York City wer by Rotheram-Borus, Hunter, et al. (1992). Thirty-nin had attempted suicide; of these, 52% made multiple a An additional 37% of the 139 youths thought about su ery day for at least 1 week, and 49% said they had a fam ber or friend who had attempted or completed suicid 60% reported suicidal ideation during the week before lection. The attempters did not differ from the nona in stressful life events, but they experienced more g stressors, including coming out to parents (53% ver being discovered as gay by parents (37% versus 23% family members (41% versus 28%), and being ridicul sexual identity (57% versus 45%).

Psychiatrists who specialize in therapy with adol tients have speculated that the most frequent causes among lesbian, bisexual, and gay male adolescents a of disenfranchisement, social isolation, rejection fro peers, and self-revulsion (Kourany, 1987). The high lesbian, bisexual, and gay male youths to suicidal i tempts, and completions has been brought to the a psychiatrists (Kourany, 1987), social workers Schaecher, 1987), health educators (Remafedi, 198 apists (Coleman & Remafedi, 1989; Rothblum, 19 tunately and tragically, few have listened.

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Conclusion

Youths who are known to be lesbian, gay, or bisexual receive considerable verbal and physical abuse from peers and, all too frequently, from parents and other adults. These threats of physical harm and verbal abuse that bisexual, lesbian, and gay male youths are subjected to are sources of great stress to them, are detrimental to their mental health, and often correlate with negative outcomes such as school-related problems, substance abuse, criminal activity, prostitution, running away from home, and suicide.

Social science research does not allow us to generalize these findings to all bisexual, gay male, and lesbian youths, primarily because most of these youths are not "out" to themselves or to others. Thus, the youths studied to date are not a representative subset of the gay male, bisexual, and lesbian youth population—as noted by Rotheram-Borus, Rosario, et al. (1992): "These youths are atypical in that they have publicly disclosed their sexual preferences by seeking services at a social service agency serving homosexual youths . . ." (p. 15). They may also be "unusual" because those most abused are frequently youths who are "cross-gendered"; they do not or cannot abide by cultural definitions of acceptable feminine and masculine behavior and, thus, do not meet cultural ideals of gender-appropriate behaviors and roles. Deviating from acceptable sex roles is particularly problematic during adolescence.

> Males experience intense peer pressure to be "tough" and "macho," and females to be passive and compliant. Although social sex roles are not intrinsically related to sexual orientation, the distinction is poorly understood by most adolescents, as well as by most adults. Adolescents are frequently intolerant of differentness in others and may castigate or ostracize peers, particularly if the perceived differentness is in the arena of sexuality or sex roles. (Gonsiorek, 1988, p. 116)

Peer rejection may not be expressed directly, but it is recognized nevertheless by affected youths.

Although social science research has not addressed the casual pathway between harassment and negative outcomes, the two are clearly associated with each other. Rosario, Hunter, et al. (1992) most explicitly explored the linkages among emotional distress, conduct problems, alcohol and drug use, and sexual risk acts among gay and bisexual ethnic-minority male youths. In their sample, as might be expected, an increase in conduct problems was associated with increased levels of alcohol and drug usage and emotional distress. However, with an increase in conduct problems came a decrease in reported gay-related stress (negative reactions to coming out to others, being discovered as gay, and ridicule from others), suggesting that they may have desensitized themselves to these stresses by their acting-out behavior. Counter to findings with heterosexual youths, the authors' results did not support a single factor underlying multiple problem behavior; thus, it may not be possible to simply generalize research results from heterosexual to sexual-minority youths. Little is known about "normal" developmental pathways among gay male, lesbian, and bisexual youths and how they are similar and divergent from heterosexual youths (Savin-Williams, 1990). What is known is that the issue of sexual identity status is not a minor, insignificant factor in the lives of adolescents. Rosario, Hunter, et al. (1992) noted, ". . . the experience of being gay or bisexual in our society over any potential differences in social categories involving ethnicity, race, social class or geographical region of the c (p. 19).

The variety of problematic behaviors described in thi may very well end the lives of many bisexual, lesbian, male youths. Running away from home, engaging in h sexual behavior, prostituting oneself, and abusing substa place youth at high risk for suicide or being the victim o cide. Those who survive will face throughout their li effects of growing up in a homophobic culture. If thei and interpersonal worlds are replete with verbal abuse threat of physical harm, youths in North American cultu find it difficult to totally expunge "internalized homophc term Gonsiorek (1988) used to describe lesbian, gay ma bisexual individuals' incorporation of biases against hor uality that are prevalent in the social world. "Symptoms" from covert forms such as self-doubt to overt self-hatre latter case "presents in persons who consciously accuse selves of being evil, second class, or inferior because o homosexuality. They may abuse substances or engage in self-destructive or abusive behaviors" (Gonsiorek, 19 117).

The effects of peer and family harassment may be more for bisexual, lesbian, and gay male youth who are early a cents or ethnic minorities because they may find it more cult to recognize and accept their homosexuality than do and White youths. Early adolescents, according to Rem (1987a), face several conflicts that hinder their ability to with being lesbian, gay, or bisexual: ". . . emotional and cal immaturity, unfulfilled developmental needs for ident tion with a peer group, lack of experience, and their depen upon parents who may be unwilling or unable to provide tional support around the issue of homosexuality" (p. 336

Ethnic-minority youths who are gay, lesbian, or bisexual also be at increased risk for the detrimental effects of hom ually oriented verbal and physical abuse. Savin-Williams Rodriguez (1993) noted three unique tasks that these yo face: ". . . (a) developing and defining both a strong gay ide and a strong ethnic identity; (b) potential conflicts in allegi such as reference group identity within one's gay and et community; and (c) experiencing both homophobia and ism" (p. 94). The Black and Hispanic sexual-minority youth the Harvey Milk School had many signs of emotional isola vulnerability, and depression.

> Pervasive loss of pleasure, feelings of sadness, change of appe sleep disturbance, slowing of thought, lowered self-esteem wit creased self-criticism and self-blame, and strongly expressed ings of guilt and failure. Again, they repeatedly report they feel are alone in the world, that no one else is like them, and that have no one with whom they can confide or talk freely. (Mart Hetrick, 1988, p. 172)

The dilemma for clinicians and other health care professi als is how best to assist sexual-minority youths. Few youths willing to seek health care providers because they fear dis sure, humiliation, and discrimination. This may be for g reason: Gonsiorek (1988) noted that, rather than the clie actual problem (e.g., feelings of rejection), his or her sexual entation may become the focus of treatment for the clinic

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or agency. Because of their prejudices, staff may allow, or even encourage, discrimination and name calling. Even if they are tolerant, they often lack the knowledge or resources to be of assistance to lesbian, bisexual, and gay male youths.

Guidelines are now available to assist health care providers to overcome these shortcomings (Bergstrom & Cruz, 1983; Kus, 1990; Rofes, 1989; Savin-Williams & Cohen, in press; Savin-Williams & Lenhart, 1990). Clinicians and researchers should support the well-being of gay male, lesbian, and bisexual youths by conducting research, enacting policies, and encouraging behaviors that will help minimize the internalized homophobia, self-destructive behaviors, and homicide of our youths.

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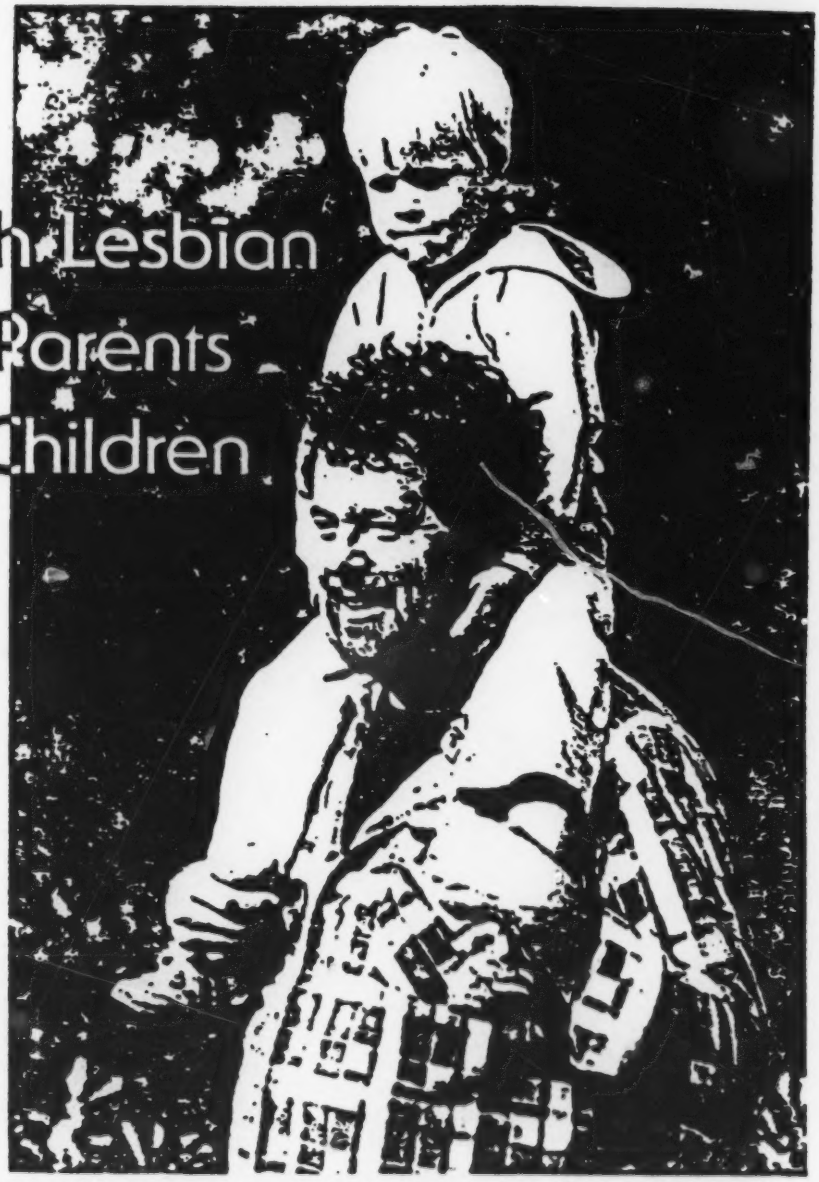
Working With Lesbian and Gay Parents and Their Children

James W. Clay



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The ability to nurture is not related to sexual orientation, nor is it related to where a parent resides. What does your staff do to include non-custodial parents in their children's lives with you?

Most teachers today recognize the diverse family structures of the children in their classrooms. In many classrooms the single-parent family predominates. Blended families, with children from two (or more) previous families now combined into one, are more in evidence than before. Some teachers are trained to deal with separating or divorced parents and to give support to the children in those families. Good teachers also provide experiences to make children aware of the different ethnic, cultural, and religious backgrounds of the families in a classroom.

Some family structures are not always so visible, or part of every teacher's training and experience. One such type of family was brought to my attention a few years ago. A center director reported that the teachers in her toddler rooms were having trouble dealing with "a new kind of family." The center had enrolled the children of four lesbian couples. The teachers were relating very well to the children. However, they felt uncomfortable when the mothers requested that the children refer to both women in the family as "mother." "A child can only have one mother," the teachers argued, forgetting about the children being raised by a mother and grandmother who call both "Mama." The director suspected that this issue was just the tip of the iceberg of what was really bothering these teachers. Among other things, their

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religious beliefs and ethnic values were strongly condemnatory of homosexuality. It is a credit to their professionalism that they did not let these values get in the way of the care they gave children.

The center director engaged my services to conduct a workshop to provide sensitivity training for these teachers. In preparation, I did some research on gay and lesbian parents. The results are not really so startling. The desire to have children is a basic human desire—it has nothing to do with sexual orientation. Some lesbians and gay men want to love and care for a child. In this way they are just like other parents and like the staff in child care centers.

An estimated one out of ten people in the United States is gay or lesbian (Kinsey, Pomeroy, & Martin, 1948). However, some staff may not be acquainted with anyone they know to be lesbian or gay. Lesbian and gay parents may seem very different from the rest of the parents. Difference can produce fear; people often fear the unknown. However, if staff members understand the differences and similarities between gay and lesbian parents and other parents, they can offer quality care. Staff may be uncomfortable discussing the subject of homosexuality or being around gay people. That is all right. The goal is for staff to respond to these parents with the same respect they show other parents. With some additional information, staff can use the skills they already have to provide excellent care for these families.

Definition of terms

Lesbian mothers and gay fathers are not a homogeneous group. Most frequently, lesbian mothers and gay fathers became parents during a previous heterosexual relationship (Schulenburg, 1985). While in the relationship they were probably not openly gay, nor did they identify themselves as gay. They may not yet even have known they were gay. In most cases, after the divorce or separation, the mothers retain custody of the children. Whereas a lesbian mother separated from her former spouse is usually the primary caregiver for her children, a gay father is not. In many ways gay fathers are like other separated fathers without custody.

In recent years, many lesbian couples have become parents through means of artificial insemination. Some gay men enter into a relationship with a woman with an agreement to have a child and share the parenting. Sometimes this agreement is with a lesbian. Adoption is an option for single men and women in states that permit individuals to adopt, although it is very difficult for a man to adopt a child on his own.

While investigating this subject, I attended a meeting of the local Gay Fathers Coalition. Similar organizations exist in most large cities in the country. The evening I attended, 40 or so fathers were present for a potluck dinner. They allowed me to interview them using a survey (modified for men) designed by Virginia Gregory (1986) to gather information from lesbian mothe Gregory, a lesbian mother ar former center director, had a tended several regional women gatherings and intervie ved lesbi mothers. Some of the informatic that follows is based on those inte views and surveys with both me and women. The rest is based o formal research already complete on the population. Research an writing on the subject is of cours ongoing (see Schulenburg, 1985).

"Teachers do little to inform me of parent/teacher conferences or school programs, which makes it very difficult for me to stay involved in my son's school and education."

—a non-custodial gay fathe

Lesbian and gay parents

How do lesbian and gay parent compare to other parents in the ability to parent? The answer i quite simple: There is no apprecia ble difference in their ability to par ent compared to heterosexua parents. Similarities far exceed dif ferences. Apparently, the ability t nurture is not related to sexual ori entation (Bozett, 1985). In fact, th gay fathers I spoke to prefer to se themselves as *fathers* who happer to be gay, rather than as *gay* fathers Lesbian couples who adopt or have children by means of artificial in semination go through great diffi culties to become parents an really *want* children. Research doe not demonstrate that being gay is liability to parenting.

Most gay fathers see themselve as similar to single or divorce fathers. Many lesbian mothers ar similar to single mothers, par ticularly in one important aspec Many believe strongly in providin a male role model for their mal children (Hitchens & Thomas, 1983

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Is there anything about being gay that makes these parents unique and therefore affects their parenting style? Research shows that there are three distinctive qualities of lesbian mothers. First, lesbian mothers exhibit higher self-reliance than other mothers. Second, *some* lesbian mothers (and gay fathers) feel guilty about their sexual orientation. This guilt, like guilt from any source, can have a negative impact upon their children (Hitchens & Thomas, 1983). Generally, as time goes by, these parents learn to manage their guilt, and the effect on the children is decreased. (Guilt by no means afflicts all gay and lesbian parents.) Third, lesbian mothers (and gay fathers) have to deal with their children's problems about their family being different. These problems come in the form of the prejudices of school personnel and neighbors against the sexual orientation of the children's parents. As a result, lesbian mothers and gay fathers try to make things as "normal" for their children as possible. They realize that their family situation is *potentially* stressful for their children. A generation ago, negative biases on the part of school personnel, neighbors, and often even relatives made it hard for heterosexual mothers who divorced. The problem of prejudice against nonstereotypic families is not new.

In addition, Gregory found in her survey a few other unique aspects of lesbian parenting. Lesbians who had been open about their sexual orientation within their community before becoming a parent felt they lived in a fishbowl. They perceived themselves as being constantly under scrutiny. This added stress to their parenting. They also found they had more than the ordinary adjustment and integration problems if they found a new partner. The new stepparent had even less support than a new partner in a heterosexual relationship because there is no social validation for the relationship itself. One question all these couples faced was how much normal adult-adult affection to express in front of their children. For instance, teachers might accept the fact that a child's parents are lesbians. Nonetheless, they might not be ready to hear that "my mommies kiss each other." Lesbian mothers usually determined the level of affection to display based upon their children's age and their general openness with their children.

Lesbian mothers feel their children are more sensitive to issues of social justice. They also feel their family situation gives their children strength, sensitivity, compassion, and maturity beyond their years. Staff need not endorse a family's lifestyle, religion, and so on, but should, to be ethical, be respectful in all ways.

The children

What is the effect on a child of being raised by a lesbian or gay parent? More specifically, does a parent's being gay have any effect on the sexual identity of the child? This question is the one most commonly asked by teachers of young children who live in lesbian and gay households. Studies show that the incidence of being gay among children of gay and lesbian parents is approximately the same as in the rest of the population. There is no apparent relationship between a parent's sexual orientation and the sexual identity of the child. Gay and lesbian parents note that second generation homosexuality is rare, and that the parents of most homosexual adults are *hetero*sexual.

Is there evidence of confusion in gender or sexual identity for the child? There is no confusion as a result of the parent being gay. Studies also show that the overall level of emotional adjustment of children of lesbians is the same as that of children of heterosexual mothers.

What is the effect on the children of society's disapproving attitudes and prejudices toward gay men and lesbians? Gay parents are very sensitive to this issue. The fathers I spoke to expressed concern about protecting their children from harmful public opinion. Society's prejudices do have negative effects on the children. Parents have to se-

lect carefully the terminology they give their children to describe their family unit to others. The children learn early on they have to be secretive about their parents' sexual orientation as a matter of self-preservation. Some of their teachers, peers, or peers' parents react unfavorably to the information that their parents are homosexual. The children also feel different and isolated from their peers, and as a result they become lonely. They seek friends with whom they can be honest and open. As lesbian and gay adults increasingly "come out of the closet," it becomes ever more customary for homosexual families to form a sense of community: Thus the children are *not* one of a kind. Again, this is a familiar concept to mothers who divorced before divorce became so common.

In general, if the child's parents are well-adjusted and open about their homosexuality, there is a good chance that the child is well-adjusted too.

There are several positive effects a child raised by a lesbian or gay parent may experience. First, the family situation can increase the child's appreciation of diversity by providing a nontraditional adult role model (Riddle, 1978). That is, having a parent who is different makes it easier for a child to be different and independent. That child is also being prepared to be more tolerant, accepting, and nonjudgmental. Lesbian mothers feel their children are more sensitive to issues of social justice. They also feel their family situation gives their children strength, sensitivity, compassion, and maturity beyond their years. In any case, the parents' disclosure of their homosexuality to their children is found to deepen the parent-child relationship. The parents and children need each other for mutual support. The result is a very close family unit.

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Classroom education about family diversity is important for the healthy self identity of all children. Pictures, puzzles, and children's books should present a broad range of family structures. Even if families with gay and lesbian parents are not presented, the fact that diversity is noted is supportive for these children. If gay and lesbian parent family groups are mentioned, they should be presented in a positive light—families with two mothers, families with two fathers, or whatever is the case.

Sins against their parents, including the sin of omission, hurt children.

How educators can address the needs of lesbian and gay parents and their children

Special staff education is necessary to support these families. Administrators must realize that gay and lesbian parents exist and that they need to be treated with the same respect shown other parents. In fact, like single parents, they may require a little extra support. "Gay and lesbian parents are faced with child care program brochures showing only mothers and fathers together with their children [and] applications asking for 'Mother's Name/Father's Name' instead of 'Parent's Name/Parent's Name' " (Shuman, 1988). A simple change in the application form and a rewrite of the brochure will show sensitivity to these parents.

Staff members may need help in examining their fear of homosexuality (homophobia). Resources, including those given at the end of this article, are available. One simple form of support is greatly appreciated by gay and lesbian parents: Staff should use contemporary terminology (in this case, "gay" and "lesbian") just as they would with

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other minority groups (e.g., Native American or Black).

Classroom education about family diversity is important for the healthy self-identity of all children. Pictures, puzzles, and children's books should present a broad range of family structures (see the list of children's books at the end of this article). Even if families with gay and lesbian parents are not presented, the fact that diversity is noted is supportive for these children. It affirms that a family can be many different things. If gay and lesbian parent family groups are mentioned, they should be presented in a positive light—families with two mothers, families with two fathers, or whatever is the case.

Teachers must also alert gay and lesbian parents to any harassment of their children resulting from their family being different. Teachers can help parents develop strategies for preparing children to deal with harassment. On the positive side, staff can let parents know who their child's friends are. This is particularly important if their friendships have been limited by their being different.

Parents need support. In many cases, however, gay and lesbian parents want to maintain secrecy about their homosexuality. This choice of secrecy should be respected. These parents might need extra encouragement to attend school and classroom social events. Through these events they can build contacts and break down their isolation from the school community. If these families need additional support, inform them that gay and lesbian parent organizations exist in most large cities. Post the phone numbers of these organizations along with the numbers of other local parent support groups you make available to the parents. These organizations are listed in local gay newspapers and in the national Gay Yellow Pages.

As I assured the director and teachers in my workshop, I am not advocating exposing parents who wish to remain invisible. I am advocating expanding the range of family structures that teachers recognize and can learn to support. It is enough to let all parents know you offer services to all families and respect them as individuals.

"The teachers can't seem to remember to talk with the children about *all* kinds of families. You wouldn't know that one of the children in the group is adopted, one is being raised by his father because his mother died, many live with single mothers, and our daughters have *two* mothers."

—a lesbian couple

Resources

For adults

Bozett, F. W. (Ed.). (1987). *Gay and lesbian parents.* New York: Praeger.

Bozett, F. W. (1985). Gay men as fathers. In S. M. H. Hanson & F. W. Bozett (Eds.), *Dimensions of fatherhood* (pp. 327–352). Beverly Hills, CA: Sage Publications.

Derman-Sparks, L. (1989). *Anti-bias curriculum: Tools for empowering young children.* Washington, DC: NAEYC.

Gregory, V. (1986). *Lesbian gay family survey.* Unpublished manuscript.

Hitchens, D. J., & Thomas, A. G. (Eds.). (1983). *Lesbian mothers and their children: An annotated bibliography of legal and psychological materials* (2nd ed.). San Francisco:

Kinsey, A. C., Pomeroy, W. B., & Martin, C. E. (1948). *Sexual behavior in the human male.* Philadelphia: Saunders.

Riddle, D. I. (1978). Relating to children: Gays as role models. *Journal of Social Issues, 34*(3), 38–58.

Robinson, B. E., & Barrett, R. L. (1986). *The developing father: Emerging roles in contemporary society.* New York: Guilford.

Schulenburg, J. (1985). *Gay parenting: A complete guide for gay men and lesbians with children.* Garden City, NY: Anchor.

Shuman, S. (1988). Including everyone: Children of gay and lesbian parents. *Massachusetts Child Care News, 14*(10), 4–5.

For children

Bosche, S. (1983). *Jenny lives with Eric and Martin.* Gay Men's Press, P. O. Box 247, London N15 GRW, England.

Severance, J. (1983). *Lots of mommies.* Chapel Hill, NC: Lollipop Power.

Drescher, J. (1980). *Your family, my family.* New York: Walker.

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Homosexuals have a place: In the family

Family is a well I keep going back to for my wisdoms, comfortable and un-. It's the crucible of complex truth about human beings.

I'm always on my guard, therefore, when someone tries to appropriate the term "family" to legitimize a narrow political or social agenda.

Take, for example, Republican presidential candidate Pat Buchanan and University of Colorado football coach Bill McCartney.

In his campaign, Buchanan seems to delight in portraying gays as a chain-hung, leather-clad affront to the concept of family, and AIDS as a divine retribution. McCartney, an outspoken fundamentalist Christian whose winning teams have made him a regional celebrity, is on the advisory board of Colorado for Family Values, which seeks a state constitutional limit on gay rights.

Buchanan likes to call gays "Sodomites." McCartney denounces homosexuality as "an abomination." It's always amusing when bigots go biblical in their terminology.

My question is, where do these two and others like them think gay people come from, if not from families?

I'd like to transport Buchanan and McCartney to the living room of Phil and Shirley Gach's house, on a cul-de-sac in Birmingham, not far from St. Regis Catholic Church. It's bright and tidy place, but heartbreak hasn't left it untouched.

The Gachs built a close, fun-loving family, anchored spiritually in the same Catholic church to which Buchanan so conspicuously belongs. Their children were: John, the eldest, the reserve Army captain, the assertive, goal-oriented one. Kathie, the youngest, the cool and slightly pampered one. David, in the middle, the shy, creative, sweet-tempered one — also the gay one.

The Gach family has experienced a devastation it will be a long time overcoming. Two weeks ago, David, whom Shirley Gach calls "my beautiful gay son," died of AIDS at age 27.

David was the farthest thing in the world from the lascivious, whip-wielding garret dwellers Pat Buchanan loves to invoke when he speaks of gays. He was an accomplished jewelry and lighting-fixture artist who lived quietly with a PhD psychologist named Tom Trocchio. Last summer, David was best man at his brother's wedding. On Thanksgiving, David and Tom hosted their extended families for dinner.

David was infected with the AIDS virus in 1984 when he was 20 and a student at the University of Michigan. "He was not promiscuous. He didn't have much of a social life," says his mother. "He was naive, uninformed, unaware. His infection was like

JAMES RICCI

winning some type of diabolical lottery. He was just at the wrong place, at the wrong time, meeting up with the wrong person."

Only a year earlier, after a long struggle for his personal reality, David had informed his parents he was gay. "The thought of not accepting him or of turning him away was just not an option," Shirley says. "Our love for our children was so deep it was never an issue."

Shirley Gach resolved to learn all she could about gay life. She became aware of the pain and shame and isolation of adolescents who suspect they are gay. Of the verbal, emotional and often physical abuse to which they are subjected by peers. She learned that an estimated one-third of teen suicides are committed by gay children. "These young people have no role models," she says, "because gay doctors and lawyers and teachers don't come forward for fear of societal discrimination. So, what examples do they see? The weirdos on television and in the movies."

The Gachs opened their home to David's gay friends exactly as they always had to friends of their children. Shirley found them "enriching, the most fun, creative and gracious of people."

Breaking bad news

David did not learn he was HIV-positive until April 1988. He waited a year to tell his parents. For two years thereafter, the disease slept. Last year he began to lose weight, but was able, with his partner, Tom, to accompany Phil and Shirley to Costa Rica to trek the rain forests.

His decline began in earnest about six months ago. He was less and less able to work in his Ann Arbor studio without quickly tiring. He suffered heart damage and had trouble breathing. Intense pain coiled like a snake in his abdomen. He lost 40 pounds.

Near the end, when he was in U-M Hospitals, his mother commuted between Birmingham and Ann Arbor daily in company with her anguish. She rubbed his back and held him and sometimes begged in tears for the answer to "Why?"

David checked out of the hospital on March 12, but not because he was better. He'd decided to stop taking the heart medicine, which might have prolonged his life another two or three weeks. He did not wish to extend the agony, his or his family's. He went back to the place he shared with Tom to die.

Shirley visited the next day. David was able to walk up the stairs to his bedroom and sit for a time in the new recliner his brother, John, had sent them. "If I tell you and Dad not to come up in the next two days, please don't come up," David told her. "It's difficult to let go, but I have to."

At 3:30 the next morning, Saturday, March 14, David's doctor called the Gachs. "I'm at Tom and Dave's," he said. "David died quietly in his sleep."

'Come up a little higher'

A week later, a memorial mass was held at St. Regis. To the congregation, Shirley delivered an impassioned plea for understanding toward gay people and for celebrating "the wonderful diversity of human life that God so lovingly created." St. Regis' pastor, the Rev. Daniel Murphy, had her homily printed in the church bulletin.

"I want to do what I can to bring about enlightenment and compassion for the gay children families won't accept and society won't accept," Shirley says. "We have got to come up a little higher in our love for humankind. We've internalized the media's stereotype of gay people — weird, a little deviant — when, in fact, they are America's children, my children. Heterosexuals don't have a monopoly on family values or on love."

The father in me

Family values.

How did I learn mine?

From being a son and a brother and a spouse, certainly. Mostly, I think, from being a father.

Considering the issue of homosexuality from the standpoint of family values, then, I've got to ask myself this, first and foremost:

Would I love one of my daughters any less, desire her happiness any less ardently, if one day she told me she was a lesbian?

Easy answer: Not in a million years.

When my older daughter was in high school, her eclectic group of friends included a couple of kids who seemed to me to be struggling with their sexual identities. Having hosted them in my house, having seen their innocence up close, the father in me wanted to protect them. They'd no doubt already suffered at the hands of taunters and bullies. Anti-gay violence has been on the rise, and they were such easy prey. And ahead of them, the subtle discriminations of adult life.

If one of my daughters were lesbian, I'd be no less inclined to blowtorch anyone who abused her, no matter how licensed that person felt to do so by hate-mongering public figures.

No child is an abomination to a loving family. No society based on family values welcomes some of its children into the dining room and banishes others of them to the garret.

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The Power of Dialogue Across Difference

Commentary by Beth Bernstein

Special from Education Week

During a unit on oppression and discrimination I was teaching last year, my students spent half a period quizzing me about homosexuality. Rather than just rattle off unconsidered answers, I asked them if they wanted me to arrange for a panel of gay speakers to come to our class. They were quite enthusiastic, and I proposed the idea to my principal.

In many parts of the San Francisco Bay area, homosexuality is accepted and even celebrated. But in the urban community of Hayward, Calif., where I taught 10th-grade world history, students and teachers regularly engaged in a steady stream of anti-gay ridicule. At a very ethnically diverse school, in which there were tremendous negative peer pressures against racism, homophobia seemed the accepted prejudice. Students regularly called each other ``faggot'' in and out of classes, and teachers often did not feel as comfortable calling students out on these comments as they did condemning racism or sexism. Their acceptance created an atmosphere where most gay teachers and students chose not to ``come out'' on campus. When a well-respected senior boy showed up at the prom with his male date, students gossiped uncontrollably for weeks, and rumors flew that he was being targeted for after-school bashing.

My goals as a teacher were to bring issues of oppression into the open. From the relationship between labor and management in the Industrial Revolution, to British colonialism in India, to the genocidal policies of the Nazi party, students in my classes came to see that the real ``story'' in history is about power relationships. How we treat each other on a local or international scale is a reflection of our level of progress as a world community, both politically and morally. My goal was that students would begin to think deeply about their roles and responsibilities as members of a complex and diverse society.

I invited speakers from the Pacific Center in Berkeley (a gay/lesbian/bisexual support and outreach organization that regularly sends speakers to local schools) to my classroom, which

I combined with a close colleague's class. In order to get permission for this, my principal had to get permission from the superintendent, and I had to send home a note explaining to parents what was happening and giving them the option of exempting their child. Not surprisingly, I'd had speakers from organizations like Amnesty International who needed little formal permission. As a result of a parent phone call to my principal about the presentation, he warned me first thing in the morning that if these speakers stepped ``over the line,'' I should ``intervene.'' Again, I wondered if he would have given the same admonition to me under any other circumstance. (Throughout the day, I was amused to see the principal, the vice principal, and the assistant principal in my classroom!)

The speakers opened by telling students who they were (their jobs, where they lived, and so on) and told them a little about their history of homosexuality (how and when they figured out they were gay, how they told parents and friends). They then almost immediately began to answer students' questions, some of which students wrote on pieces of papers which I handed to the speakers. The speakers were up-front and honest, and were not offended by any of the questions. By the end, students didn't need to write their questions down. The speakers had created such a comfortable climate that students were able to directly raise intensely personal issues. The issues they raised were, themselves, perhaps the most telling data on what students do and do not understand about homosexuality, lesbianism, and sexuality. Their quest to make sense of the issue refutes many of our assumptions about students' abilities and desires to be reflective about the world around them.

Many of the questions reflected students' attempts to grapple over homosexuality within their own minds. While they seemed anxious to understand the answer to the nature/nurture debate over the origins of homosexuality, their questions also reflected their nervousness about their own nascent sexualities: Were you a tomboy? Why don't you like the opposite sex? Are any people in your family the same as you? How old were you when you found out you were gay? Do you think you'll ever be straight? Have you had sex with the opposite sex? Do you think people who were straight at our age could turn out gay? Some questions reflected what students might have believed to be the reason a person was gay: Have you ever been raped? This question also might reflect student's overriding fears that gay people are themselves rapists (many boys said, ``They can do what they want as long as they don't touch me'').

Students wanted to know how gays and lesbians act in everyday life, perhaps to see how different or similar they were to the general population, perhaps testing how similar or different they were to gay people: Do guys act like girls and what do girls act like? Do you have a boyfriend? Do you live in the same house? They also wanted to understand how homosexuals think about the possibilities of becoming parents: Do you ever plan to have children? How do you expect to have children if you are a lesbian? Wouldn't the child miss the qualities only a mother/father could give? These are questions any ``Oprah'' audience might come up with, but these students were more than simply curious, they seemed absolutely obsessed with trying to reformulate the rigid boxes in their minds.

What I found most interesting was the fact that students had so many very direct questions about homosexual sex. What became clear to me during this presentation was just how uninformed students really are, and how they consider discussions of people's sexual practices completely open for public dialogue if they are different in nature than the norm. I imagined a panel of heterosexual speakers being asked the same questions. (I wondered, too, if students were any better informed in that area.) Questions that bordered on the ludicrous illuminated their utter ignorance, and some represent the possibility that students think homosexuals have a different biological makeup than do heterosexuals.

The last major category of questions related to levels of harassment and the speakers' reaction to being ``out'' about their sexualities: Do you feel strange being affectionate in public? Have you ever been embarrassed to be gay? Have you ever been gay-bashed? Do you show that you are gay in public? Do you feel uncomfortable around people who don't know you're gay? What do you tell people when they make fun of you? Are you open about your sexuality with everyone? Do you think that if you were a movie star or a famous musician you would hide your sexuality? This line of questioning seemed to partially stem from discussions we'd had in class, but the questions reflect students' need to really understand what life is like in a gay community. Because that lifestyle is foreign, these students wanted to see if the speakers were really ``outcasts'' in their society.

Speakers were quite honest with students about these issues. They shared funny anecdotes which the students could relate to. By the

end of the presentation, students (and guest administrators) applauded the speakers, and several stayed afterward to talk further. At the end of the day, speakers, colleagues, and I were exhausted but thrilled. None of us had expected things to go so positively. In the office, the principal and vice principal actually shook my hand and thanked me.

The next day, students were asked to give written, anonymous evaluations of the speakers, which I then sent to the Pacific Center. Students were overwhelmingly positive about the speakers, even if some still expressed a distaste for homosexuality. They also expressed their understanding of how the issue might fit into overall conceptions of diversity:

``Gays and lesbians are human, the only difference between us is they have different views about life. They have different feelings and understandings, but they don't do anything wrong. Their presentations helped me to get rid of some misunderstandings of gays and lesbians."

``I am glad you got the point across that being gay or lesbian doesn't mean you have a disease or you are a social outcast, but are a real person, you just prefer a different sex. ... Students need to be educated and know that being gay is not a social disease, it's just who you like, and being gay doesn't equal AIDS. Besides, those who are gay may need someone to talk to and with guest speakers, maybe teenagers who are gay can be open and talk about their problems."

``I think it is important for high school students to hear about homophobia because it will make them more well-rounded or able to work with the many types of people in not only our society but the societies of the world."

``I totally have a view of gays and lesbians now after this presentation because, at first I used to think that, how could someone be like that? That it is so disgusting, but now I look at it from a different perspective, that it's their own sexual preference."

``I like that they were very open and they weren't embarrassed telling people that they were lesbian and gay. That they tried to answer the questions as well as they could."

``If people understood gays and got along with them then the world would have less violence."

In these very answers lies the essence of the transformative power of dialogue across difference. As educators, one of our greatest responsibilities is to learn how to communicate to students the importance of knowing who they are and what they believe. Students want to see us as role models who are able to say who we are, even if students do not agree. It takes courage for heterosexual teachers to be allies to our homosexual students and colleagues and to actually initiate a dialogue that uncovers the mysteries that so easily become damaging stereotypes. We abuse our privilege when we do not step in. In the social sciences, the classroom is a place to help students achieve a broad perspective on their society and develop skills to weave within it. It is our role to help students see the ``other side'' of the predominant messages they receive from media outside of school, and create their own, well-reasoned critiques and ideas.

Beth Bernstein taught high school social science in Hayward, Calif., for three years. She is currently a doctoral student in the urban-superintendents program at the Harvard University graduate school of education.

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WHY SHOULD THE PUBLIC SCHOOLS TEACH ABOUT SEXUAL ORIENTATION?

A paper presented to the annual meeting of
the Association for Sexuality Education and Training
(ASSET),
September 22, 1989, by Beth Reis, Public Health Educator,
Seattle-King County Department Of Public Health

We don't have any choice. Schools are already places children learn about sexual orientation. They simply learn inaccurate, destructive messages.

> *"In schools across the country, even very young children learn the codes, passed on in jokes and whispers: don't wear certain colors to school on a particular day, or you're queer. Lessons are learned each time a child discovers that one of the surest ways to deliver an insult is to accuse another of being a lezzy, a faggot, a sissy. Children may not always know what these words mean, but they know the pejorative power of this language ... Lessons are learned each time adults speak and act as if everyone in the world is heterosexual, or should be ... Adult acquiescence in homophobia places lesbian and gay youth at great emotional and sometimes physical risk."*[1]

All students, regardless of their sexual orientation, learn mythology and hatred in school. We can educate actively, replacing mythology with knowledge, hatred with respect, or we can educate passively as we always have. Those are the only two alternatives. Either way we communicate.

But Why Should Our Teaching About Sexual Orientation Be Active And Intentional?

A) Because it is an issue of personal importance to a great number of children. Various researchers and social scientists report that 4-10% of Americans consider themselves gay or lesbian.[2,3,4,5] That means a high school with a student body of 1,000 has between 40 and 100 gay or lesbian students (and that doesn't count bisexual youth). If students have, on average, 1.5 siblings, then approximately 60 to 150 have a gay brother or a lesbian sister. If even 1-2% of parents are gay [6,7], then an additional 20 to 40 students have a gay dad or a lesbian mom. That means that, 1 to 3 out of every 10 students either *is* gay him or herself, or has an immediate family member who is. That's between 3 and 9 kids in every class of 30!

B) Schools have an obligation to support and enhance the self-esteem of *all* students, regardless of their sexual orientation. How can we express support and respect for gay and lesbian youth without condoning their engaging in homosexual behavior? That's like asking how we can affirm heterosexual youth as valuable without condoning their engaging in heterosexual behavior! We tell them: you are good people and we believe in you.

Granted, the community is not in agreement about the ethics of adult homosexual behavior. But we ought to be encouraging youth to delay sexual decisions until they are adults, anyway. Sex carries risks for all youth ... and for many, regardless of their sexual orientation, it conflicts with their values or those of their families and churches. Nevertheless, we ought to be communicating that, whereas some sexual behavior can be risky and some people may believe certain sexual behaviors are wrong and in some states particular sexual behaviors may be illegal, sexual feelings and fantasies are none of these (risky, wrong, illegal). We do not choose what we will feel, in the way we choose how we will act. Most people want their children to learn that (behavior notwithstanding) sexual feelings and fantasies are healthy, natural and part of the wonder of being human. Thus, homosexuality per se is not a matter of values; it is a fact. Homosexual behavior is controversial. Supporting a homosexual or bisexual child is not the same as condoning homosexual touch.

What difference does that child's self esteem make? Enhancing a young person's self-esteem can

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reduce the likelihood of his or her engaging in self-destructive behaviors. Gay and lesbian youth, surrounded as they are by mythology and hatred, are at disproportionate risk for school failure and dropping out, alcohol and other drug abuse, homelessness (by "choice" or as "throwaways"), sexual abuse and exploitation, and suicide.[9] According to the National Institute of Mental Health, they are 2-3 times as likely to attempt suicide as heterosexual youth.[10]

C) Public schools have a responsibility to support and enhance family relationships (respect, communication) in *all* families .. including those with a gay or lesbian family member. Gay and lesbian youth are sometimes embraced and cherished by their families. More often, fearing rejection, they feel a need to hide their feelings from their families. Schools can be resources to parents, providing accurate information and putting them in touch with supportive self-help groups. And schools can help some students to feel knowledgeable enough, and confident enough, to confide in their families.

Not all families, of course, can accept their gay or lesbian children. Some teens who "come out" to their families are even beaten and/or kicked out of their homes. One study found that 8% of gay youth and 11% of lesbian youth had been physically abused by parents or siblings because of their sexual orientation.[10] Another found that 40% of Seattle's homeless youth identified as gay, lesbian or bisexual.[11] Schools can provide supportive resources for these "throw-away" youth. And schools can help heterosexual students become allies for their family members (including their future children) who may be gay, lesbian, or bisexual.

D) Schools are obligated to counteract stereotyping and prejudice, and to reduce the likelihood of violence against *any* group in our pluralistic society. The United States Department of Justice reports that homosexual people are probably the most frequent victims of hate-motivated violence in the nation.[12] There were 40 violent attacks (often involving gangs attacking a single individual) on lesbians and gays in Seattle alone, in a recent 8 month period.[13] Not only are school children not immune, schools are actually one of the most *unsafe* places for openly gay and stereotypically gay youth.[14] Students' lockers are vandalized, they are shunned, taunted, snickered at, and beaten. Even teachers have been active participants in harassment. One young gay man was transferred to a girls' gym class by a hateful teacher. One lesbian teen was transferred to a school for the learning disabled by a teacher to whom she confided her orientation.[15]

The gay, lesbian, and bisexual classmates of these youth, those who are not openly homosexual, witness this and move into even greater seclusion, often complicated by terror and/or self-hate. Some join in the harassment, as a way of protecting themselves. The heterosexual classmates who observe the persecution may experience awful guilt for their silent complicity and the same kind of powerlessness experienced by their homosexual and bisexual peers.

Confusing gender *role* with gender *orientation* , students learn to rigidly comply with sex roles.[16] They fear becoming the next target ... regardless of their sexual orientations. Boys may get themselves in trouble and cause incredible hurt to girls, by forcing girls into sex, as a way of "proving" their maleness. Similarly, girls may hurt themselves and boys, and do lifelong damage to a child, by becoming prematurely pregnant, as a way of "proving" their femaleness.

E) Schools are the most logical place to provide accurate information. Only accurate information can replace the ignorance and stereotypes that hurt *all* children:

Heterosexual youth who have had a same-sex crush, dream or relationship sometimes panic, mistakenly imagining that it means they are necessarily gay or lesbian. They need to learn that many adults who identify as heterosexual report some homosexual experiences. And that many homosexually-identified adults report, similarly, having experienced heterosexual attractions, dreams and relationships.[17] Thus, a single, or even a few experiences have no predictive value. They should be encouraged not to assume labels for themselves prematurely. (However, neither can we, as adults, assume that all youth who experience same-sex crushes are "just going through a phase." Some, indeed, have already realized that the majority of their attractions are to people of their own gender. To dismiss their feelings as a phase is to dismiss a core part of their persons. It shuts off communication, if a youth is indeed homosexual, and it forecloses the opportunity to support his or her quest for integrity and adulthood.)

Gay and lesbian youth sometimes mistakenly believe that, by forcing themselves to participate in heterosexual dating and heterosexual sex, or by marrying and having children, they can make their feelings disappear. They need to understand that there are no scientifically valid studies that indicate that people can change sexual orientations by willing themselves to do so. Even therapy or religious experiences apparently cannot eliminate same-sex feelings, although some studies have documented limited success at extinguishing same-sex behavior ... especially in bisexually oriented, highly motivated individuals.[18,19,20] It might reassure homosexual teens to know that most gay and lesbian people wouldn't want to change, even if they could. Most are happy with their sexual orientation.[21]

Children with a gay or lesbian parent sometimes mistakenly conclude that they, too, must be homosexual. Teachers must explain that there is no evidence that the sexual orientation of parents has the slightest influence on the sexual orientation of their children.[22] Youth who grow up in gay households are just as likely as other youth to be heterosexual.[23]

Gay and lesbian youth often mistakenly believe the stereotypes (that all gay men are "swishy" and effeminate and that all lesbian women are "butchy" and masculine). If these images don't jibe with their self-perceptions, they may experience tremendous cognitive dissonance. To resolve it, some adopt a new stereotyped persona, which ultimately only increases their sense of alienation from self, family and peers. Others attempt to rigidly deny their same-sex feelings, compulsively investing their energy in becoming the perfect student, the perfect son or daughter, the perfect athlete. This perfectionism ultimately leads to failure, sometimes precipitating self-destructive behaviors. Schools must replace stereotypes with accurate information: homosexual people are as diverse in their dress, their behavior, and their choice of occupations, as heterosexual people.[24,25]

Children who have been sexually abused may mistakenly assume it has made them gay or lesbian, especially if the exploitive touch involved any physical pleasure. Part of the reason child sexual abuse can be so confusing is that it sometimes does evoke a pleasurable physical response ... at the same time that it evokes feelings of fear, humiliation, hurt, etc. Students must learn that bodies do sometimes respond that way, and that it doesn't mean the victim was wrong. And they must learn that there is no evidence that sexual trauma influences a person's sexual orientation in either direction.[26]

Gay and lesbian youth often mistakenly believe the myth that homosexual relationships cannot endure. For some, this becomes a self-fulfilling prophesy. No one knows the average duration of gay and lesbian relationships, because there has been very little research on the same-sex couple; traditionally, researchers have concentrated on studying ways gay people are different from heterosexual people.[27] But students need to understand that there are indeed long-term, committed same-sex relationships. Even in the late 60's, one study found that 71% of gay men were living with a partner.[28] A study in the 70's found that 82% of lesbians were living with a partner.[29] According to researchers from the University of Washington, "couplehood," either as a reality or an aspiration, is as strong among gay people as it is among heterosexuals ... even given much less social and institutional support for permanence and commitment.[30]

Heterosexual youth often mistakenly think that only gay men get AIDS. This leads to a very dangerous sort of false confidence. A teen who considers him or herself heterosexual may feel no need to abstain from sex or to practice risk-reduction. Even if a young man engages in same-sex touch, he may consider himself invulnerable to the AIDS virus, simply by virtue of identifying as heterosexual. He may not believe there's any need to tell his girlfriend about his history of same-sex touch because, after all, he isn't "queer." In a class with 15 boys, as many as 9 may have experienced some same-sex touch, while only 1 or 2 probably identify as gay.[31] This leaves 7 or 8 (half the boys in the class) vulnerable to just this sort of magical thinking. They must be helped to understand that the behavior, not one's feelings (orientation) is what puts one at risk. The virus does not care who a person loves or finds attractive. It infects anyone (male or female; gay, bisexual or heterosexual; married or single; healthy-looking or not) who happens to have sex with, or share a needle with a person who carries it ... who probably looks and feels healthy, too, and has no idea he or she is a carrier.

Children with a gay or lesbian parent may unnecessarily fear that all homosexual people die of AIDS. How

sad to live with the fantasy you will lose your parent (sibling, grandparent, aunt, uncle) to a painful disease ... especially when your loved one may actually be at less risk than the general public. Lesbians, for example, have lower HIV prevalence than heterosexuals.[22] This certainly does not mean they are immune; no one is immune, but it could be a very reassuring statistic for the child of a lesbian mom. Celibate gay and lesbian people, and couples who have been monogamous for many years or who have been tested, are also safe. Again, one's behavior, not one's feelings, put one at risk. Children who love someone gay must be helped to understand this.

Gay and lesbian teens may avoid seeking health services or reporting physical or sexual assaults to the police, for fear of unprofessional treatment. Lives may be lost to AIDS and to "gay bashers" when young people harbor this unfortunate stereotype of adults ... when they fear discrimination or cannot trust that their confidentiality will be maintained by the professionals they approach. While teachers can't assure teens that these sorts of things won't happen, they can acknowledge the fears, and help students recognize the importance of seeking help when you are in crisis. They can make sure students know that some adults (some doctors, police, parents, teachers, counselors) are sensitive, respectful, and trustworthy.

Homophobic mythology and stereotyping hurts *all* our children: gay, lesbian, bisexual and heterosexual alike.

F) Finally, perhaps the most compelling reason for schools to address sexual orientation straightforwardly: kids are asking. Even fifth and sixth graders ask questions about homosexuality during general lessons on family life and sexual health: [23]

"What if people say your gay?"
"What does being gay mean?"
"Do homosexuals have sex?
"Why are pepole fageis?"
"When a boy ejaculates is he usually thinking of a girl?"
"If a boy make love with anthor boy can one have a baby or will ther be any change in that boy?"
"Can a girl and a girl get pregnat togetner?"
"What do you do if you think a teachers gay?"
"What should you do if a gay man come on to you?"
"How do you know a gay man from a regular man?"
"Is it true if some people have sex that are bom the same sex can have a kind of deasize that you can die from?"
"If you're a gay boy, can you have wet dreams?"
"What should you do if people call your freind lezzy?"

Good question: what should you do? To refuse to respond to these kinds of earnest questions would communicate values just as loudly as responding would. Which values would we rather teach: that ignorance, intolerance, and hate are acceptable? or that we should respect one another and care about one another's feelings, regardless of our differences?

NOTES

[1] Katherine Whitlock, *Bridges of Respect: Creating Support for Gay and Lesbian Youth* (Philadelphia, PA: American Friends Service Committee, 1988), p. 2.

[2] Forty years ago, Kinsey et al. found that 1-3% of women and 3-16% of men in their sample had exclusively homosexual experience — that is, they had never had any heterosexual attractions or behavior. However, 3-8% of women and 7-26% of men reported mostly homosexual experience. (These individuals may or may not consider themselves gay, of course.) Kinsey's studies were flawed in some ways, and are certainly not current, but they are still the most extensive data available. Alfred C. Kinsey et al., *Sexual Behavior inthe Human Male* (Philadelphia, PA: W. B. Saunders, 1948); and Alfred C. Kinsey et al., *Sexual Behavior in the Human Female* (Philadelphia, PA: W. B. Saunders, 1952)

[3] Gary F. Kelly, *Learning About Sex: The Contemporary Guide for Young Adults* (Woodbury, NY: Barron's Educational Series, 1986.)

[4] Mary S. Calderone and Eric W. Johnson, *The Family Book About Sexuality* (New York, NY: Harper and Row, 1981.)

[5] Most experts use the 10% figure. Some writers, however, dispute it; they may estimate that as few as 4% of people are gay or lesbian. It seems unnecessary to quibble; in either case a significant number of youth are personally in need of correct information. For a conservative treatment of the issue, see Stanton L. Jones, "Homosexuality According to Science: Does New Evidence About Homosexuality Mandate a Change in the Church's Historic Stance?," *Christianity Today*, August 18, 1989, pp. 26-29.

[6] About 15-20% of gay men and 25% of lesbian women marry and then, because of their homosexuality, divorce. Michael A. Carrera, *Sex: The Facts, The Acts and Your Feelings* (New York, NY: Crown Publishers, 1981.)

[7] It has been estimated that as many as one-third of the lesbian population are mothers. Mildred D. Pagelow, "Lesbian Mothers," Unpublished paper presented at the annual meeting of the American Sociological Association, New York, NY: August - September, 1976.

[8] Gary Remafedi, "Adolescent Homosexuality," *Clinical Pediatrics*, 24:9 (1985), pp. 481-485.

[9] Paul Gibson, "Gay and Lesbian Youth Suicide," Commissioned paper, United States Department of Health and Human Services, National Conference on Prevention and Intervention, Oakland, CA: June, 1986.

[10] Robert J. Bidwell, "The Gay and Lesbian Teen," paper presented to the nurses and counselors of the Seattle Public Schools, fall, 1988.

[11] "*Report on Gay and Lesbian Youth in Seattle*," Seattle Commission on Children and Youth, Seattle, WA: November, 1988, p. 13.

[12] Survey, National Institute of Justice of the United States Justice Department, Washington, D.C.: 1987.

[13] "*AIDS and Homophobia: A Trainers' Guide*," Office of Women's Rights, Seattle, WA: 1989.

[14] Some of these "stereotypically gay" youth may, in fact, be heterosexual. Their non-traditional sex role behavior still puts them at risk of emotional and physical violence.

[15] Whitlock, 1988.

[16] Studies indicate that homophobia correlates highly with avoidance of sex role confusion and with a characteristic one researcher described as the "no sissy stuff" subscale of a masculinity scale. D. Matteson, "Racism, Sexism and Homophobia," *Empathy*, 1:2 (1989), p.5.

[17] Jose Gomez, ed., *Demystifying Homosexuality: A Teaching Guide About Lesbians and Gay Men* (New York, NY: Human Rights Foundation, 1984.)

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[18] Eleven scientists who have done research in the areas of human development and sexual behavior, and whose findings have been published in respected professional journals were surveyed in 1988. Asked whether, in their opinions, the literature shows that gays and lesbians can change their sexual orientation through therapy or other means, their responses ranged from Dr. Richard Green's: "Research data on lesbians ... are too sparse to offer a meaningful reply. The data on gay men shows that the majority who seek to change sexual orientation do not, either regarding fantasy or overt behavior. Some change behavior markedly, but fantasy minimally. A few case reports claim that via religious therapy or psychiatric or psychologic therapy, sexual reorientation of both fantasy and behavior has occured." to Dr. June Reinisch's: "No. We know that homosexuality is not a learned phenomenon ... Permanent change through therapy in the attraction and emotional components dictating with whom an individual falls in love is therefore not likely." to Dr. Gilbert Herdt's: "There is virtually no evidence to suggest that lesbians or gays can reverse their orientation through normal therapeutic procedures." Tineke Bodde, ed. *"Why Is My Child Gay?"*, Federation of Parents and Friends of Lesbians and Gays, Denver, CO: Fall, 1988.

[19] Jones, 1959.

[20] "For those who view homosexuality as a pathological condition, improvement or 'cure' means changing the individual's orientation to a heterosexual one. Relatively few such 'cures' have been reported." Herant A. Katchadourian and Donald T. Lunde, *Fundamentals of Human Sexuality* (New York, NY: Holt, Rinehart and Winston, 1975.)

[21] Alan P. Bell and Martin S. Weinberg, *Homosexualities: A Study of Diversity Among Men and Women* (New York, NY: Simon and Schuster, 1978.)

[22] Alan P. Bell et al., *Sexual Preference: Its Development in Men and Women* (Bloomington, IN: Indiana University Press, 1981.)

[23] Carrera, 1981.

[24] Kelly, 1986.

[25] Gomez, 1984.

[26] Bodde, 1988.

[27] Philip Blumstein and Pepper Schwartz, *American Couples: Money, Work, Sex* (New York, NY: Pocket Books, 1983.)

[28] Martin S. Weinberg and Colin J. Williams, *Male Homosexuals: Their Problems and Adaptations* (New York, NY: Oxford University Press, 1974.)

[29] Bell and Weinberg, 1978.

[30] Blumstein and Schwartz, 1983.

[31] Based on Kinsey's finding that 60% of pre-adolescent boys have same-sex experience (.60 X 15 = 9) and on Kelly, Calderone and Jones' assertions that 4-10% identify as gay (.04 X 15 = .6, .10 X 15 = 1.5). See Kinsey et al., 1948, 1952, Kelly, 1986, Calderone and Johnson, 1981, and Jones, 1959.

[32] Gomez, 1984.

[33] These are verbatim quotes (errors and all) from questions asked anonymously, in question boxes provided during general "family life and sexual health" lessons. They were written by fifth and sixth graders (aged 10-12) in 1987 and 1988. Some simply demonstrate curiousity about a subject raised on the playground and the media; some evidence misinformation and unnecessary fears; some seem to reflect personal pain or confusion.

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